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ABSTRACT

This guide for operating the Head Start home-based program option is based on experience gathered in the initial Home Start program and in the decade spanning 1974 through 1984. Its purpose is to offer the tested ideas and procedures gained in those years to organizations wanting to provide home-based child/family development services. The Guide suggests factors that should be considered before deciding to offer home-based services, discusses the major components of a comprehensive program, and offers recommendations concerning the involvement of related community resources and the selection and training of home visitors. Concerning planning and implementation, the six chapters in Part I deal with assessing needs and interests; goals, objectives, and resources; administrative planning; informing the community; recruiting and selecting home visitors; and training. The two chapters in Part II on program operations concern aspects of conducting home visits and, briefly, records and reports. Appended are job descriptions for home visitors and the Child Development Associate Competency Standards, Eligibility Requirements, and Information Collection Requirements for Candidates working in home visitor settings with preschool children and in bilingual programs. (RH)

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Office of Human Development Services
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Head Start Bureau

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INTRODUCTION

Earlier Programs

Home-based child development programs have been in existence on a small scale for a number of years. They function on the concept that parents are not only the first, but can also be the most influential educators and "developers" of their own children. These programs have helped parents to provide for their children, in their own homes, many of the same developmental activities and support services that the children would receive if they were attending a child development center.

Promising results from these early home-based child development programs have also shown that home-based services can be cost-effective, as well as highly beneficial to the children, families, and communities. For example, HOPE, a home-oriented preschool education program of the Appalachian Educational Laboratory in Charleston, West Virginia, provided home-based services to families for several years. Dr. David Weikart's High/Scope Educational Research Foundation in Ypsilanti, Michigan has built home-based services into its preschool education program. Dr. Phyllis Levenstein's Mother-Child Verbal Interaction Project, in New York City, had toy demonstrators who brought a new toy or book into each home weekly, as part of its program. The institute for the Development of Human Resources at the University of Florida, under the direction of Dr. Ira Gordon, operated a home-based program for some time, and Dr. Ronald Lally administered a home visitor program through the Children's Center of Syracus University.*

Home Start

The success of these and other home-based child development programs led to the establishment by the Office of Child Development, DHEW,** of the program known as Home Start, a research and demonstration project conducted from 1972-75. Home Start, which included 16 home-based child development sites located throughout the U.S., served as a demonstration project for Head Start programs. Home Start offered assistance, guidance, and resource information for programs that desired to establish home-based child development services, in addition to or instead of offering services in centers. It should be noted, that although often an existing center-based program converts partially or totally to the home-based option, the concept can also be successfully implemented by programs that have never provided child development services previously.

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* For more information on these and other programs, see ERIC's Mother Child Home Learning Program: an Abstract Bibliography, compiled by Norman K. Howard in April, 1972 (Available for 80¢ from: College of Education Curriculum Laboratory University of Illinois, 1210 W. Springfield Avenue, Urbana, Illinois 661801.)

** Now the Administration for Children, Youth and Families (ACYF), Department of Health and Human Services (DHHS).

The major goals of Home Start were:

- to involve parents directly in the full development of their own children,
- to help strengthen in parents their capacity for facilitating the overall development of their children,
- to demonstrate methods of delivering comprehensive Head Start type services to children and parents, or substitute parents, for whom a center-based program is not feasible,
- to determine the relative costs and benefits of center - and home-based comprehensive early childhood development programs especially in areas where both types of programs are feasible.

This Guide for Operating the Head Start Home-Based Program Option is based not only on the initial Home Start experience, which was based on the experiences and findings of other similar programs, but it also includes the experience of the following ten years from 1974-84. Its purpose is to offer the benefit of those years of experience: the tested ideas and procedures which may be helpful to organizations wanting to offer home-based child/family development services. While it has been prepared first and foremost for the benefit of Head Start programs, much of what it contains should be of value to others.

The Guide includes suggestions on various factors that should be considered seriously before deciding to offer home-based services, discusses the major components of a comprehensive program, and offers recommendations with regard to such important matters as involving related community resources, and selecting and training home visitors.

This Guide deals with only one of several program options available to Head Start programs. For information on other program options and alternative service delivery systems, see the Office of Child Development Notice on Options for Head Start (OCD Notice N-30-334-1, dated 8/21/73).

PART 1: PLANNING AND IMPLEMENTATION

CHAPTER ONE - ASSESSING NEEDS AND INTERESTS

Head Start grantees considering home-based services will need a reassessment of community and parents needs and interests. The exact nature of any assessment will depend on the individual program's existing base of services. For example, if a program is currently providing center based child/family services, the assessment would include both the need for additional center care and the existence of other potential resources for providing more center care services; or the program might consider using some of its resources to provide comprehensive child development services through a home-based program. In looking at services for handicapped children, some programs may also decide that in some very special instances, handicapped children may be better served through a home-based option.

A. CONDUCTING A SURVEY

Community needs assessments usually develop data on at least the following items with respect to low-income families in the area or neighborhood served by the program.

-- number of children in the age ranges eligible for service
-- number currently being served in all resources
-- number of preschool children of ages per family
-- number of handicapped children
-- number of handicapped by type/degree of handicap
-- other community resources serving children and families such as: day care centers, family day care homes, home visitation programs

-- needs of low-income people as documented by other agencies which serve them, ie., Health, Social Service, Mental Health Departments, Substance Abuse, Spouse/Child Abuse Prevention, Adult Education, Retraining programs, etc.

Much of this information is often available through:

-- Community Action Agencies
-- Area Planning Councils
-- Human Resources Committees
-- Schools
-- Other Agencies

Information which is not otherwise available can be collected through a community survey by volunteers and staff of the organization concerned, through community meetings, door-to-door canvassing, by telephone, and by mail.

In considering the need for a home-based program, one important factor is the amount of local interest in such a program. In some instances it will be found that while there may be a great need for a home-based program, parents, staff, and others are interested only in maintaining their existing center based program. It is critically important that the final decision

be based on sound evidence and careful assessment of (1) the extent of the need, (2) the depth of the interest, particularly when implementing home-based services will mean reducing or eliminating center based services, and (3) the values and benefits of a home-based program.

1. Specific Data Needed On Parents

In conjunction with the assessment of need, it is important to find out how many of the income-eligible parents in the community have children of a suitable age and are interested in participating in a home-based child development program. This data can be gathered in part through the use of a questionnaire sent home with Head Start children, as well as distributed in other ways. The questionnaire should include at least the following items:

-- A description of the nature and purpose of the home-based services that are being planned.
-- Parental work schedules - full-time? part-time?
-- How do the mother and father feel about working with a home visitor?
-- What specific services would parents like to have through a home-based program? Some of these might be listed.
-- Are parents willing to devote time to attending parent group sessions?
-- If they have a child now in Head Start, how would they feel about transferring to a home-based program in which the child would spend less time at the center?
-- What is the geographical location of the family? What kinds of transportation are needed to reach the family?

Each program will want to add other items which reflect some of the aspects of their program, either present or planned. For example, programs with handicapped children may have certain items which relate to specific aspects of care for these children in a home-based effort.

This initial survey of parents can serve as a valuable planning tool for the program especially if an effort is made to ensure that questions are asked which will elicit information on parents' expectations of a home-based program, as to how they feel such a program can best serve them. Negative reactions can also be useful. For example, if, based on specific facts or needs, a home-based program is planned in spite of negative reactions of some parents, staff, or others, the reasons for these negative reactions can be ascertained and responses to the concerns can be built into the program design or the orientation.

Approval of the Policy Council is essential in planning such a program. Where negative reactions or questions arise from parents, Policy Council members can often be instrumental in dispelling fears about this difference in approach.

2. Staff Attitudes and Interests

In addition to the interest in such a program on the part of parents and community, another important factor to be considered carefully is the interest and attitude of staff. This is critically

important where there is any intention to convert all or part of an existing center program to home-based. Staff support of such a change is extremely important and the matter should be brought out into the open for full discussions as soon as possible. Rumors and inklings of impending change without any knowledge of how it might affect the staff will naturally cause them to be apprehensive, and, to some extent, more resistant to change.

As with parents and Policy Councils, staff interest in both the addition of a home-based service and in personally participating in such a service should be assessed. This initial survey of staff attitudes should be prepared with as much positive reinforcement as possible. The first step is to ensure that the staff is well informed about what home-based programs are and how they function. Then, questions can be asked which elicit their opinions such as:

-- How will a home-based program benefit families and the community?
-- What elements of such a program do you think would be most helpful?
-- In what ways do you think your experiences can be used to assist us in setting up such a program?
-- Would you be interested in helping develop and/or participating in such a program?
-- What disadvantages and problems do you foresee?
-- What do you recommend we do in regard to adding home-based services?

In assessing staff as well as parents, it will be helpful to determine what their "expectations" are for a home-based program. What do they think it can accomplish, and what do they feel it may not be able to accomplish? These expectations will then form an important part of the planning both for the program goals and objectives, and for the orientation of staff, parents, and community to the program once it is developed.

B. OTHER THINGS TO BE CONSIDERED

1. Geographic Distribution of the Families To Be Served

Many programs will also have to take a close look at the geographic distribution of their client population in order to assess properly the feasibility of a home-based program. If the program is to be economically feasible, a home visitor should be able to work with approximately 9 to 12 families, visiting each for an hour to two hours each week. The home visitor also needs to spend some time in recruiting families, preparation and planning for home visits, reporting, and receiving training. In areas where roads are difficult and perhaps impassable in winter, and where the population is widely dispersed, the cost of transportation and the length of time needed to get to and from families may limit the number of families that can be properly served, and in some cases a home-based program might seem inadvisable in this type of location. On the other hand, the home-based program may provide for families that would otherwise be totally without any child development services. The trade-off of center-based for home-based may mean that fewer families are served, but services are provided to families that would otherwise have no services. The decision can only be made after careful consideration of the geographic and transportation factors as well as the needs of the families.

2. Seasonal Effects and Local Customs

In considering the development of the home-based program option, the local customs of the population certainly should be taken into account. If customs are such that a visitor in the home would not be acceptable, then this should be considered in the planning for such a program. In this case either the program can be planned so that these families are not part of the home-based effort or some other more acceptable alternative is developed.

In some communities there may also be some seasonal fluctuations in the need for a home-based program. An example might be a community where migrant families spend only several winter months before heading north again in the early spring. Parents may want home-based services only in the summer when an in-home program will help the children to keep up with educational activities, particularly if they are just entering kindergarten.

3. Home-Based Programs Already Serving the Community

A survey of the area should be conducted to determine if there are already home-based services. If such services do exist, such as a visiting nurse program, agricultural extension services, or other program, some coordination will be needed. These programs may be able to assist in planning, since they will have had to deal with many of the problems that you will face. Coordination will also be important to determine if these other programs are already serving the same population adequately, or if the community needs additional, similar services that can be provided without duplication.

4. Comparative Costs

There are indications that home-based programs may be less expensive on a per child basis since the parents are soon doing most of the child development work. Further, although there may be only one child enrolled in the program, his siblings, neighbors, and friends may be getting development services as a result. Although firm evidence on costs is not yet available, in considering the needs for such a program there are some obvious savings which can be made with regard to facilities costs, food preparation and service, and staff ratios. Depending upon the geographic spread, full time home visitors serve from 9 to 12 families, compared to a ratio of 5 to 10 children or less per staff member in a center operation. In addition, all home visitors can be paraprofessionals (although professionals have been used by some programs), whereas many positions in centers are occupied by professionals, such as credentialled teachers. However, the difference in costs applies primarily where there is one program, either a center-based or home-based. If a combined program of home visits and center-based services is planned, the cost factors are very different. In such cases, some of the "savings" in facilities costs may be partially or almost totally offset by increased costs of transportation and/or insurance costs for a home-based program.

ly To Home-Based Services

he needs and interest in a home-based program, it may to convert from a center based program to a totally rt. In this instance, some group activities for both dren can still be planned, but full-time center facilities s, etc.) may not be needed, and a comparatively small ill be needed. Where cost is a factor, the reduction facilities, fewer staff, and elimination of food costs more feasible option.

y To Home-Based Services

a center program to part home-based with some organized es may be a more acceptable option, especially where en involved in a center program. One of the biggest nversion to a home-based program is often the parents the center program will benefit their children more. that their children will learn more from professional rom someone coming into the home only once or twice lly, the children in home-based programs will mostly their parents, and benefiting from the parents' increased meet all their children's developmental needs. However, titudes are prevalent, a partial conversion to home- more acceptable and more sensible option. This may to each home, as well as having the children come to r three days.

nts of children presently in the center program are nt to a home-based program, it may be possible to keep in a center program but reduce the number of days, er days use the home-based program to reach a different families. These are only a few of the many possibilities anged under a partial conversion program.

S AND QUESTIONS

Head Start and other child development programs are ideration to such special values of home-based services greater family involvement in child development. When een assisted to improve their skills substantially and comprehensive child development, these benefits go on r year, with whatever number of children may follow, is done with the older children prepare parents to later years.

s not only possible but likely that some center based a position to provide home-based services, and therefore It is certainly better, for the benefit of the community, hly effective center based program than to substitute such services an ineffective or unworkable home-based

Listed below are some key questions to which there ought to be solid, positive answers before a decision is made that home-based services are to be provided:

(1) Has there been a thorough assessment of needs that has established that there is a clear community interest in having home-based services?

(2) Are there enough families in the community who are definitely interested in and eligible for participating in a program which emphasizes home visits and the role of the parents?

(3) Is the existing staff made up of people who already have the skills and interests needed to work effectively with parents in their own homes? If not, does the program have, or can it obtain the considerable training necessary to prepare existing staff for their new roles? Is the staff willing and interested in receiving such training? Is the staff culturally and linquistically compatible with families to be served?

(4) Can the transportation needs be met? In most areas, public transportation is not an efficient mode of travel to many local areas, and often is not available. Experience has shown that home visitors need car transportation to get around quickly, to transport materials, take parents and children for special services needed from local resource agencies, and so forth.

(5) Can ways be worked out to include fathers and other family members who may be away from home during the day? The answer to this usually involves meetings and home visits in the evenings and on weekends. In some ways, home-based program requires a selflessness and dedication on the part of the staff that goes beyond the demands of the workload and schedules of center based services.

(6) What would be the impact on the number of people involved? How many people are in the families? How many would be directly served by a home-based program?

(7) Which program would provide for more individualization in meeting the needs of children and families?

(8) How could the home-based program obtain full and continual involvement of parents?

(9) By focusing the home-based program on total families, would a home-based approach be more effective?

(10) Could some attempt be made to involve children in group activities as well as home visitors, so that they can derive the benefits of group interaction?

PART 1: PLANNING AND IMPLEMENTATION

CHAPTER TWO - GOALS, OBJECTIVES, AND RESOURCES

If a firm decision has been reached to implement home-based services, effective planning and program development will be needed so that the program will be efficiently launched and enthusiastically received. It is important that as many people as possible who are to be involved in the program participate in designing and developing the plans and policies which will guide the program's implementation and operation. This should include some parents, available staff, Policy Council members, governing and advisory board and community agency representatives, and consultants. The earlier their involvement and input, the more the program will gain quick and full acceptance.

A. GOALS AND OBJECTIVES

The ultimate success of a home-based program will lie to a considerable extent in the careful design and clear statement of what the program will aim to do, and specifically how these aims are to be accomplished. As part of the planning goals and objectives should be decided on, and listed. Goals usually reflect broad long-range aims, whereas objectives are generally steps set in time schedules. For example, a goal might be to improve each child's health. One related objective might be to have each child physically examined within 30 days of enrollment in the program. Another objective could be to set up home health records on all children by a certain date. Goals need to be clear and concise. They are statements of what the program intends to accomplish, and what broad changes are expected to come about as a result of the programs' activities. They must be simply stated so that staff, parents, and other community members will understand readily what the program is and is not attempting to do. Accomplishment of some objectives, and the establishment of new ones, moves the program systematically toward its goals. Later, evaluation can be based on the degree to which the program succeeded in moving satisfactorily toward its stated goals and in accomplishing the agreed-upon objectives. Misinterpretation or misunderstanding about program goals and objectives can seriously affect both the acceptance and the eventual success of the entire effort.

There are two primary sources of information which can be used as aids in developing goals and objectives: (1) the Office of Child Development Notice on Program Options for Project Head Start (OCD Notice N-30-334-1, dated 8/21/73) and (2) the information received from the needs assessment referred to in Chapter One.

Head Start options are based on generally accepted principles of child development as well as research and development in the field. Perhaps the best example of goals for home-based programs is found in the goals for the Home Start demonstration program, found on page 2 of this guide. These goals can be easily adapted to meet the needs of most home-based programs under existing federal standards.

In some communities there may be more specific goals which will also need to be defined. These can be obtained from the needs assessment

information. For example, if there is a strong concern among parents or within the community from homebound handicapped children, one of the overall program goals may be to begin providing comprehensive child development services, and information on the handicapped, to handicapped children and their families.

Once these goals and objectives have been outlined, the next step in the planning process can be to decide on what components of services are to be offered. In Section C of this chapter examples of goals are suggested for each of the major home-based program components.

B. USE OF COMMUNITY RESOURCES

There are a surprising number of organizations, agencies, and associations which can be directly or indirectly helpful to staff and families in your home-based program. Even if there are no special difficulties, you may want to try some new activities occasionally and many community resources can be helpful in doing this.

Many Chamber of Commerce or similar community groups publish pamphlets of civic and social organizations, complete with names of people to contact and telephone numbers. In some counties and states, the Department of Welfare or Social Services provides this information in booklet form. Copies should be obtained for all staff and families in the program and instructions given in how to use the booklet.

Knowing what agencies are willing to handle the various family problems that will be found, and getting them involved with the program early in the planning pay great dividends when the program swings into operation.

In many communities one of the most helpful organizations in the field of Child Care is the local Community Coordinated Child Care Council (4-C Council). The goal of the 4-C is to provide more services for children through better coordination and understanding by people concerned and involved in children's services. They often have a list of all of the services for children and can assist you in making contact with the appropriate persons for your needs.

Another group which can be of help is the local Child Advocacy Program. These groups are just beginning to be set up in many communities under the auspices of the Joint Commission on Mental Health of Children. They are concerned with the planning and coordination of services to children and youth and their families. Other established community organizations, such as the Community Planning Council and Governor's Committees for Children and Youth may also be useful.

All home-based programs should initiate or strengthen productive relationships with existing community services and resources. Examples range from simply helping families use - and feel comfortable in - the local library, to making arrangements with a hospital to provide family health and counseling services at nominal or no cost.

Some programs coordinate closely with the local school system and share training workshops, libraries, resources, and space for group activities such as parent meetings. Most programs are working toward improved access to and use of surplus and commodity food resources.

Other community resources used range from planned parenthood workshops sponsored by local community groups to the educational TV network for consulting and production of TV shows.

Most programs considering a home-based option will already have extensive relations and agreements with local agencies and organizations. However, it is important when the focus of the program is changed or a home-based program is being considered, that these agencies be involved in the planning, and that new agreements be reached. Experience has shown that these agreements should be in writing.

C. COMPONENTS FOR A HOME-BASED PROGRAM

All Head Start programs, as well as many other child develoment organizations, are designed to provide comprehensive services to children and their families. Component services include: (1) education, (2) social services, (3) health services (including physical and mental health, dental health, nutrition, and safety,) and (4) parent involvement. For most programs considering home-based services, all these component services are important. A comprehensive child development program should not overemphasize one component to the neglect of the others, and should adhere to the Head Start Performance Standards.

1. Education

The aim of the education component in home-based child development programs is to help the parents enhance the intellectual and physical development of their children. Since parents are the major educators of their preschool children, there is an important, continuing need to teach and motivate parents to support their preschoolers, and to supplement the work of the schools in educating their older children.

a. Examples of Education Component Goals

-- To make parents aware of how to make the most of everyday living experiences, and to utilize them fully as "learning experiences;"

-- To assess the educational needs of the children, including pre-school children, older children who are in school but whose needs are not being fully met, and all children with handicaps;

-- To provide parents with information and materials on how to become better educators of their children;

-- To improve parents' knowledge and understanding of general early childhood development;

-- To identify materials in the home that can be used for toys and games--and learning;

-- To operate parent workshops; toy lending libraries and sewing and woodwork equipment centers where parents can make their educational materials as well as learn to sew, do woodworking, etc.;

-- To increase the ability of parents and children to use their own existing resources (time, money, space, energy) to their own advantage;

-- To help parents reinforce their children's positive behavior;

-- To continue helping children become better prepared for school in terms of general knowledge and basic concepts;

-- To reinforce the positive ways parents relate to their own children;

-- To explain to the parents what they are teaching as they involve their children in making beds, washing clothes, planting a garden, repairing the car, and so forth.

b. Local and State Resources for the Education Component

(1) Libraries offer:

-- the opportunity for staff, parents, and children to obtain library cards and borrow books, painting and prints, records, and filmstrips or slides for use in the home or for training;

-- weekly story hours, puppet shows or activity hours for pre-school children, and a variety of seminars and discussion groups on topics ranging from gardening to ceramics to car repair for adults;

-- librarians who are often willing to conduct training sessions on use of the library, children's literature, or book reviews of current best sellers;

-- talking books, tape recorders, or language masters for children with special needs;

-- bookmobiles for outlying areas;

-- librarians who can help select books, schedule story or puppet hours for children, and aid in finding reference materials.

(2) Schools and Day Care Centers offer teachers, students, and social workers who can:

-- visit homes and work with children with special needs;

-- assist school-age children in the family -- tutoring, etc.

-- provide students to assist as volunteers;

-- Conduct adult basic education classes in child care, education, and other subjects;

-- sponsor arts and crafts courses.

(3) Agricultural Extension Programs (Home Economics Extension Service) offer materials, workshops, and consultants on a variety of subjects for parents and children.

(4) Universities, Colleges, and Community Colleges may have training available that you might use. They may have programs in child care, home and family life, or early childhood education, and may allow their students to volunteer time in your programs.

Education departments, schools of social work, schools of home economics, and schools of medicine and nursing can:

-- place students in your program to assist and to gain experience;

-- help identify and evaluate children with special problems;

-- attempt to assist staff members in obtaining training and/or college credits.

(5) State Departments of Education offer:

-- adult basic education courses;

-- funds for training or for supportive services for children with special needs;

-- counseling and testing for employment;

-- consultation in the areas of education.

(6) Community Services - Police, Fire Health - offer:

-- consultants for safety education;

-- services designed to meet local community needs;

-- opportunities for field trips for children.

(7) YMCA and YWCA organizations offer:

-- a variety of recreational facilities and educational activities for children and adults.

(8) Free and Inexpensive Resources, that your communitycan give can be used by the children and families instead of purchased supplies. Often it is well worth your time to contact your local resources for free materials. You may not be successful in every case, but it's worth trying.

-- Local newspapers may be able to provide "end-rolls" - the ends from their printing. These contain enough newsprint for the children to use for an entire year.

-- Take a large cardboard box with your name and phone number on it to your local printer. Ask him to fill the box with the scraps he would ordinarily be throwing out. Ask him to please call the number on it when the box is filled, and you can pick it up. This paper will be all sizes, shapes, textures, and colors.

-- Computer centers at universities or other places will save scrap computer paper for you, and also data cards for the children to draw on.

-- Grocery stores, packing companies, liquor stores, shoe stores, and drug stores will give you all sizes and types of boxes and containers.

-- Lumber yards, even hardware stores or cabinet makers, will give you scraps of wood for the children to build with or use as blocks.

2. Health

The health component should include a full range of services, covering the physical and mental health, dental health, nutrition, and safety aspects of family health. Prevention needs to be stressed for each aspect. This is one of the most important contributions home visitors can make. By sharing health information with parents and educating the parents on all aspects of family health maintenance, the family becomes more self-sufficient and stays healthy. As appropriate, each example goal listed below applies to the full range of health needs.

a. Examples of Health Component Goals

-- To ensure that children have the benefit of regular, comprehensive health examinations including physical, mental, and dental.

-- To identify the special health problems of children and their families, and to help them to obtain needed services.

-- To provide information, advice, and assistance to families as necessary to have all the children and other members of the family protected by needed immunization.

-- To support and reinforce the families' desires and interests in following through in regard to continuing treatments and services needed.

-- To introduce the families to community health resources and services, such as those available through the public health services, medicaid, and others.

-- To stimulate and motivate community health resources to be more responsive to the special needs of children and their parents.

-- To provide health education, through materials and discussions, for the benefit of all members of the families being served.

-- To assess with parents the nutritional needs of each family member, and provide advice, information, referrals, and assistance as needed to meet better the nutritional needs of the family.

-- To help the parents identify any unsafe or unsanitary conditions existing in their homes or activities that may be posing a threat to the health and well-being of the family.

b. Local and State Resources for the Health component

(1) Special Clinics and Clinicians

Pediatric clinics, public health, maternal and child health, well baby clinics, neighborhood health clinics, as well as local pediatricians, physicians, and public health nurses offer:

-- assistance in identifying, evaluating, and diagnosing general health conditions of children and adults;

-- referral of a child with special needs to a specialist;

-- instruction and counseling for staff and parents;

-- consultation with a program on health problems of the community or particular families, or in designing activities and a program for preventive health;

-- training for staff nurses, visitors, or families.

(2) Mental Health Centers and Child Guidance Clinics offer:

-- diagnosis or identification of children with emotional problems;

-- therapy or counseling when necessary;

-- identification of children with learning disabilities;

-- consultation with staff on families with special needs;

-- training for the visitors in basic counseling techniques, working with adults, or handling special problems.

(3) Red Cross offers first-aid training, safety courses, plus a variety of services that can promote the health of the community.

(4) Medical Suppliers, Clinics, Drug Stores give tongue depressors and that wonderful styrofoam used in packing to make collages with, to string as a necklace, or to play with.

3. Social Services

Although the term "social services" may at times encompass only economic assistance (such as welfare benefits and food stamps), as a home-based component, social services includes much more than this narrow application of the term. While home-based programs mainly serve low-income families, some families may have earned income so that they are not in need of or not qualified for welfare and related benefits but they may have great need for many other community services and resources.

As indicated previously, the program should be built around a thorough assessment of the individual and special needs of each family, and families should be assisted to become familiar with, and to use, all available social services and community resources that will benefit parents and children alike.

As with education needs, home-based programs provide parents with social and psychological services that the parents need and want for their children. A positive "preventive" approach is stressed as much as possible so that atmospheres and attitudes conducive to a happy home environment are encouraged.

Again, every effort is made to identify and use local community services. This means that, whenever possible, the services are obtained by referral and follow-up, with the program's staff furnishing advice, information, and assistance where necessary. Also, social services staff may be helpful in planning conversion to home-based programs because of their contact with the families.

a. Examples of Social Services Component Goals

-- to make parents aware of existing social and psychological services--employment, counseling, housing, drug counseling, job training, psychotherapy, diagnostic testing, etc.

-- to provide transportation to and from these resources, and to help families work out a long-term system for transportation, if they do not own a car and there is no public means.

-- to provide a much-needed social outlet to families in isolated communities.

--to help parents identify their own needs and seek services on their own.

--to enhance parents' understanding of their children's development.

--to intervene during a crisis when necessary.

b. Local and State Resources for the Social Services Component

In most communities, there is usually a surprisingly large number of organizations, agencies, and associations which can be directly or indirectly helpful to the staffs and families in any home-based program.

Many Chambers of Commerce or similar community groups publish pamphlets of civic and social organizations, with names of people to contact and telephone numbers. In some counties and states, the Department of Welfare provides this information in booklet form. Copies can be obtained for all staff and families in the program, and instructions given on how to use the booklet.

As indicated in Section B, page 12, in many communities other helpful organizations in the field of child care are the local Community Coordinated Child Care Council (4-C Council) and the local Child Advocacy Program. Other established community organizations, such as the Community Planning Council and Governor's Committees for Child and Youth, may also be useful to provide such services as housing, manpower, or legal services.

Each of the resources given may also be a resource for training. The home-based program might explore the possibility of joint training sessions or ask the agency to conduct training for them.

(1) Community Action Agencies, Social Service Agencies, Community Welfare Councils, Welfare Offices, and Neighborhood Centers offers:

-- financial assistance to families or referral to other sources of financial aid;

-- funds for training, group meetings for children and adults;

-- family counseling services;

-- recreational programs;

-- referral to other resources available in the community;

-- homemakers, visiting nurses, or nutrition aides for families.

(2) Civic Groups, such as Lions Clubs, American Legions, Rotary Clubs, Odd Fellows, Veterans, etc., offer:

-- volunteers for program activities;

-- donation of equipment or help in building equipment;

-- transportation for children and families;

-- glasses or other health aids for children and families;

-- recreational programs and activities for children and adults.

(2) Federally Funded Local Programs, such as Neighborhood Youth Corps and the Work Incentive Program, offer:

-- training and financial assistance to families and staff;

-- student aides or trainees to assist in the program;

-- activities that might include staff, parents, and children.

4. Parent Involvement

Parents, representatives of those who might be served through the program, should be asked to take part in the initial decision to implement a home-based program, and later in determining the goals and objectives of such a program. As the program develops, home-based program parents will continue in their role as decision makers through participation in the Policy Council. Decisions that parents might help make include program expansion, program budget evaluation, personnel policies and procedures, and program direction.

Another type of involvement parents will naturally have as part of their enrollment in the home-based program is participation in activities that will enable them to become more effective developers of their own children.

a. Examples of Goals for Parent Involvement

-- to improve parents' knowledge and understanding of early childhood education, family planning, and community resources;

-- to stimulate interest and the taking of an active role in planning, implementing, and evaluating their home-based program;

-- to help parents reach career goals and obtain basic educational skills as needed;

-- to strengthen parents' self-concept through participation in social activities;

-- to work with parents in planning specific time for family activities;

-- to increase the parents' knowledge and appreciation of their cultural heritage,

-- with regard to Head Start programs, to provide opportunities for problem-solving and decision-making concerning program operations, as outlined in OCD Issuance 1-30-70.2.

b. Local and State Resources for Parent Involvement

Head Start and Community Programs already have strong parent involvement components, and are in a position to serve as local resources for other organizations in need of advice or assistance.

c. Recruitment of Families

In addition, planning should include decisions as to who will be served. Head Start programs will need to decide, for example, whether they will serve only presently enrolled families or whether they will include new families. If it is decided that new families will be enrolled, procedures will need to be set up regarding recruitment of these families. In the Home Start program, a variety of methods were utilized for such recruitment, once it had been determined that families being considered for recruitment meet income eligibility guidelines. Fliers were sent out to families with their welfare checks, ads were placed in local newspapers and local media, referrals were received from other community agencies, etc. However, most frequently home visitors found that knocking on doors was the most effective means of recruiting families, since this personal approach allowed them to explain the home-based program verbally and answer questions directly that prospective families had. It should be noted, however, that visitors required training prior to recruiting. It has been found that role-playing is a particularly effective method for training home visitors regarding recruitment of families. (See chapter 6 for a more detailed description of various training techniques.)

PART I: PLANNING AND ADMINISTRATION

CHAPTER THREE - ADMINISTRATIVE PLANNING

Once it has been decided to create and operate home-based services, and such matters as goals, objectives, and component services are settled, there are other important steps that must be taken before the first home is visited. For example, necessary funding must be obtained or set aside. A budget should be prepared in detail, based on a staffing pattern. Arrangements should be made for required materials and support services. The program will need to be announced to the community and local resources further explored and tapped. Facilities may have to be obtained. Staff has to be recruited and hired, and a training program must be designed and conducted for the staff.

A. STAFF PATTERNS/ROLES

One of the most important needs facing those who are considering home-based programs, particularly where there is to be a shift from a center-based operation, is to develop an acceptable staffing pattern. A number of factors must be considered in this area. The first is whether the program should attempt to keep all existing staff and change their functions to relate to a home-based effort. If this is the case, then the staffing pattern will depend upon the competencies and potential of each staff member and how they can be applied to a home-based program. In this case the program itself may to some extent be based on, or at least affected by, the existing competencies of the staff. For example, if the Head Start program has a social services coordinator but not a health coordinator, the home-based program might be designed to include a full-time social services coordinator and the matter of health coordination might be dealt with in a number of other ways, such as by use of a volunteer qualified in the health field, or by obtaining the advisory services of key health person who serves in an official capacity with the local health department.*

The second type of decision involves designing the program in such a way that staff positions are determined solely by the program needs. In this instance, existing staff may or may not fit all the needs of the new program, although with good training this should only rarely be true. The home-based program may be able to use all the existing staff, but because of other needs, it may be that they will not all be available or interested, and it will be necessary to hire some staff from the outside.

Ideally, however, all the new positions will be able to be filled from the existing center-based program, where a whole or partial conversion is involved. There may be some staff members who, for reasons of their own or because of lack of necessary interest, will not want to function in the home-based setting. In these instances, every effort should certainly be made to transfer these persons to other Head Start or child

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*It should be noted that Head Start programs incorporating home-based components must adhere to Head Start Performance Standards which require that there be a local Health Services Advisory Committee. (See OCD Notice N-30-364-1.)

development programs which may have vacancies. Where this cannot be done, it may be necessary to terminate such individuals.

There is no uniform or regular staffing pattern for home-based programs; however, the following types of staff are included in most programs. The selection of which ones to include depends upon the program needs and size of operation.

Director
Assistant Director/Child Development Specialist
Family Education Specialist/Coordinator
Training Coordinator
Nutrition Coordinator/Specialist
Health Coordinator
Supervisor for Home Visitors
Social Services Coordinator
Home Visitors

Additional specialists who are also included in some home-based programs include:

Speech Pathologist
Psychologist
Nurse
Social Worker/Psychiatric Social Worker
Parent Coordinator

Programs which are in the process of developing a home-based component to operate in conjunction with a center based program can often use the same staff for both programs, and have the services on different days. For example, the staff may run the center two days per week and make home visits on the other three days.

Another possibility is to have two separate staffs, both part-time. The home visitors would then work only two or three days and the center staff would work the other two or three days.

Programs in the process of converting from a center based to a totally home-based effort will have several other factors to consider in their staffing pattern. The first is how many families they expect to serve. Will they serve only those now in the program or will they be adding others? If no new families are added, then they will find that they have more staff than they need for making visits unless they reduce the number of families per visitor. For example, center staffs (including teachers, aides, cooks, drivers) are generally based on a ratio of 5 to 10 children or less per staff member while home-based programs are able to serve 9 to 12 families and up to 200 children per staff member.

Two sample position descriptions are included in Appendix A. These are for positions in a combination center and home-based Head Start program and for a totally home-based Head Start program. These job descriptions would be modified to be suitable for a specific program.

B. SUPERVISION

Perhaps the single most important role in the development of a home-based program is the role of supervision. No other factor is as critical as the availability and quality of supervision for home visitors and staff. It is important to remember that for most home visitors this will be a new role for which they have had little training or experience in comparison to other roles which they may have had. In addition, they will be dealing with entire families and all of the complexities which this involves, rather than just children in a center away from the home. For these reasons, it is vitally important that they have as much support and reinforcement as possible in the form of supervision.

One of the most important aspects of supervision is that it must be clear who is responsible for the supervision. Home visitors should generally have only one person to whom they are responsible for assignments and direction. This does not mean that they do not get help or advice from others, but it does mean that it must be clear to whom they are to report and to whom they can go with their problems and requests. Confusion on this matter most often occurs among the various specialists and coordinators and the supervisor.

The extent of supervision will, of course, depend to some degree upon the background and experience of the visitors and staff. Home Start programs during the first demonstration year found that there was a great deal of variation in the need for supervision. Initially, home visitors and staff felt that at least one day per week together was necessary. As the programs progressed, however, most went to one afternoon or morning per week, or one day every two weeks for staff meetings in which problem solving and training were the principal purposes. This refers to group sessions, and not to individual discussions with supervisors and specialists, which should occur as frequently as may be needed, according to the individual's experience and abilities.

While it is possible to plan for formal supervision sessions, it is critical, especially at the beginning of the program, that home visitors have at least one professional staff member, preferably their own supervisor, available to them at all times. This is not because the problems which might arise are so critical, but the immediate reinforcement for home visitors can be invaluable in the development of their ability to deal with crises.

Most home-based programs have found that effective supervision calls for a ratio of approximately one supervisor per four to six home visitors. The actual ratio depends upon how many families the home visitor has, and does not include the assistance of education, nutrition, or health coordinators, who are also vital to the supervision role.

Effective supervision of the program obviously cannot be accomplished in the office. A significant part of the time of the program director who provides management supervision and the specialists, coordinators, and others who furnish technical guidance, must be devoted to working with the home visitors, out on the job, as well as in the headquarters. It should also be stressed that proper supervision requires extensive preparation on the part of the supervisor, including familiarity with the capabilities, needs, and strengths and weaknesses of each staff member as well as continuing familiarity with particular situations that each staff member must deal with. The home visitor supervisor should make a visit to the home with the home visitor on a regular basis to assure quality in the delivery of services.

This provides the critically important opportunities to see the needs of additional training of the visitors, to evaluate how effective their training has been, and to gain a realistic appraisal of any difficulties or complaints being brought up by the visitors. On-the-job supervision also helps bring to light any situations or problems affecting the performance, accomplishments or morale of the visitors. It has also been found to be helpful that the director, specialist, and others on the staff, talk occasionally with each family, without the visitor present, so that the parents feel free to express any concerns or criticisms that may involve the attitude or work of a visitor.

Usually, however, the families are positive in their reactions to the visitors, and will praise and complement them freely and sincerely.

In any event, these solo visits by the director and/or specialists often result in the development of extremely valuable insights that form a sound basis for improving training and for performance discussions with the visitors, in which their achievements and accomplishments can be reviewed as well as any things which they might learn to do better.

C. ADMINISTRATIVE RESPONSIBILITY

One important aspect of administration, particularly where there may be a transfer of program focus from center - to - home-based, is the clarity of roles and relationships between the grantee, the delegate agency, and the program. Clear lines of authority for specific functions should be determined before the program begins. It must be clear who is responsible for administrative decisions, budget, policy, staff hiring, and other functions. It must be clear when the grantee agency or the delegate agency should intervene in a problem. These lines and functions, drawn up at the initial planning sessions, will undoubtedly need to be reassessed during the first months of program operations.

D. THE BUDGET

1. Salaries. Salaries vary greatly for home visitors, depending on whether rural or urban, and what the cost of living and average wages for other jobs are. However, they should be in line with other comparable positions in the community and should be equal to center-based teacher salaries, depending on such factors as education and experience.

It is important to remember that home visitors, like all employees, need the encouragement of being able to receive a pay raise periodically, signifying that they have done good work. Appropriate raises should be budgeted for, not only for visitors but for all staff.

Starting salaries for home visitors need not all be the same. They may vary in accordance with experience, background, education, etc., but obviously there must be good and clear reasons for whatever salary differences are decided upon. This should be based upon a good career development plan.

2. Insurance. One of the most difficult items in the home-based program budget to deal with is the need for insurance. The situation is somewhat complicated when home visitors use their own cars for transportation of families since they may have to secure additional insurance for the use of the car for business purposes. In addition, there is a need for some liability insurance for the visitor in the home as well as for any other staff going into the home. This is important to protect the program against law suits that might arise from any staff member's actions or activities. Similarly, Workman's Compensation insurance is important to protect employees who may be injured in the line of duty, and to limit the program's liabilities in such cases.

In some cases, group or joint policies with other agencies have proved effective. Other programs have worked with independent insurance brokers, who can advise programs on the type(s) of insurance they need, the types available, and sometimes quote lower rates than national companies.

3. Transportation. In the home-based program there will be a considerable increase in the budget for transportation for the home visitors' cars as well as travel for families who are able to get to necessary services. However, one significant problem which home-based programs have faced is the unanticipated wear-and-tear on the home visitors' cars. In some programs this was overcome by having the program purchase several four-wheel-drive vehicles. This was necessitated by the fact that many areas in which the homes were located were normally impossible for regular cars.

Staff training is of course extremely important to the success of the program, particularly in the early months of implementation and operation. Adequate funds should be budgeted for such costs as travel, and per diem, to cover attendance at regional and national conferences, the cost of travel for consultants to be brought in to help with the program, and so forth.

4. Facilities, Equipment, Materials. Since the families and children in the home-based programs are scattered and not brought to one location there may be a need to purchase some equipment in larger amounts than is usual, such as audiovisual equipment. If such equipment is to be used as part of the in-house activities, consideration should be given to purchase, lease, and rental arrangements or cooperative arrangements with other programs.

   In selecting equipment, programs should also take into consideration the extent to which it will be moved around, as well as the fact that it must be light enough to carry.

   One excellent, inexpensive source for children's toys, furniture, or other supplies is the local thrift shop. And remember--many items in these categories would be willingly donated by businesses and individuals, so "scout around" in your community, too.

PART 1: PLANNING AND ADMINISTRATION

CHAPTER FOUR - INFORMING THE COMMUNITY

An aspect of critical importance in preparing to implement a new home-based program is that of informing the community, in advance, all about the services that are to be provided. The staff, the Policy Council or any policy-making group concerned, and at least some parents in the area will already know a considerable amount about the impending program through their participation in the planning and initial decision-making.

A. ORGANIZING A CAMPAIGN

An effective campaign should be organized and carried out for informing the community in general, and target population parents in particular, about the program's purpose, goals, and objectives, and what can be expected of it.

The overall content and design of this campaign should be based on both the expectations as expressed in the needs assessment survey, and the goals and objectives of the home-based program.

During the needs assessment phase, there will be many comments from community members, parents, and others, as to how they view the program, what they think it can and cannot do, and whether they think it will be successful. In planning for the orientation, it is usually advantageous to be sure that the planners are fully aware of these expectations and limitations as described by the staff, parents, and community, and that these are considered in the presentation of the program.

There are a number of ways in which the community and parents can be informed about a new home-based program. Some of the most successful methods are: newspapers, slide and video-tape presentations, presentations by parents in similar programs, television, radio, and through other agencies.

Media. Television, newspaper and radio coverage of the program can be done either through straight advertising in which you prepare a press release, or you may be able to convince a local station or paper to do a news report or series on your program.

Presentations by Parents and Staff. If there are parents in your community who have participated in similar home-based programs, they can often be the most successful salesmen for a new program. They can be invited to sit on a panel with other parents or child development specialists or to conduct practical question-and-answer sessions. In addition, staff from other home-based programs can be very effective in orientation sessions with parents, staff, or community.

In some instances, a popular staff member in the existing Head Start or other program can be the most effective spokesman for a new activity. Parents and others may be more willing to accept or at least try something when they know that a person they trust and respect is supporting it.

B. SPECIAL CONCERNS OF PARENTS AND OTHERS

While it would be impossible to list all of the factors which enter into the acceptance or rejection of a home-based program, the following areas are sometimes of concern to parents and others. These are particularly important where there may be a change planned from a center-to a home-based program.

Some parents and community members may feel that:

-- having a visitor in the home is an invasion of privacy;

-- group experiences for children are considered more valuable;

-- mothers or other adult(s) in the home have no time to spend with someone in the home;

-- there are too many official "visitors" already;

-- mothers have other children who need attention too;

-- the visitor is part of the welfare department and will report on the family.

While many of these concerns are not based on fact, they often are the primary reasons for the lack of acceptance of home-based programs and they must be considered in the orientation phase of the program planning.

Where there is a change from a center to a home-based program planned, the orientation must also include a clear balance of the two programs. It must present all of the losses as well as the gains that can be expected by the change. It may turn out that center-based programs are best for some families, while home-based programs better suit the needs of others.

PART 11: PROGRAM OPERATIONS

CHAPTER FIVE - RECRUITING AND SELECTING HOME VISITORS

A. RECRUITMENT

It is, of course, important to ensure that recruitment for all positions is orderly and thorough. All positions which need to be filled through hiring, particularly home visitor positions, should be widely announced to residents of the areas being served, so that all who are interested have an opportunity to apply and be considered. Present employees, board or committee members, and parents represent good recruitment sources. Other sources which can be tapped include the local public employment service and directors of other local anti-poverty programs.

Generally when the home visitor jobs are to be filled by recruitment and hiring, each job opening should be announced on a mimeographed or printed sheet, suitable for distribution and posting. Bulletin boards in such places as grocery, drug stores and laundromats in the area being served and in local Head Start facilities are ideal places to inform the community of openings. Ads in local newspapers also represent good recruitment opportunities.

There are at least four important items of information which ought to be carried in such announcements:

1. Explanation of the Program. Some individuals in every community undoubtedly will not clearly and accurately understand what home-based child development services are. To help clarify the nature of the program to people reading the announcement, particularly those interested in applying for the position, the announcement should begin with a brief summary of the program.

2. Non-Discrimination Policy. Announcements should include a statement that these are Equal Opportunity Employers.

3. Nature of the Work, Qualifications Desired, Compensation and Opportunities. A brief job description, statement of qualifications desired, salary or salary range offered, and a brief indication of training and career development opportunities should be part of the announcement.

4. Where, When, and How to Apply. Announcements should include the name, address, and telephone number of the place to apply, and the date by which applications must be received to be considered. It is usually a good idea to suggest that interested individuals call for an appointment. This helps prevent an uncontrollable flood of applicant traffic. It also makes it possible to do some screening by telephone, thus saving obviously unsuited individuals the time and expense of a trip to be interviewed.

B. SELECTION

1. Utilization of Nonprofessionals. While people with professional training in health, education, and social services may be needed for some staff positions, parents and others from the local community without such training can be utilized with great effectiveness as home visitors, and should be given serious consideration for the position.

2. Need for Employment. The best interests of all the children enrolled in the program and their families should be placed ahead of the need of a specific individual for employment. The "ideal" candidate will need the job to help support a family, but will also be a person who is highly responsive to the needs of the children and families involved in the program, and who has good potential for training and development.

3. Area Residence. When possible, positions of home visitors should be filled by residents of the low-income area being served by the program. In instances where this is not feasible, however, it may be necessary to widen the area of consideration, for example, to take in nearby neighborhoods, or the entire community.

4. Parents Who Have Raised Children. Parents who have successfully reared children should be given serious consideration for home visitor positions, though this should not be to the exclusion of all others. Do not consider people who are generally regarded in their own neighborhoods as irresponsible or ineffective with regard to their own children.

5. Health. All individuals who are to work directly with the children should be screened for communicable diseases and must comply with Head Start Health Performance Standards. This means that they should agree before being hired that they will furnish a statement from a physician that they are free of any such conditions.

6. Personal Qualities. There is still much to be learned about selecting persons who, with good training, will be able to cope most effectively with all of the situations they will meet as home visitors. In general, the emphasis in hiring in home-based programs has been on friendly attitudes, suitability of culture, and language backgrounds to those they will serve, and successful experiences as parents, rather than on academic background or degrees.

   Thus, home visitors are usually selected because of exceptional personal qualities which they have shown in their past work, the reputation they have established in the community, and the impressions that they make in the hiring interviews.

   Some of the personal qualities that have been found by home-based programs to relate particularly well to the success of home visitors include:

   "Personality." Many different types of people with widely different personalities have been highly successful as home visitors.

For example, some outstanding home visitors are talkative, energetic persons. They have many valuable characteristics--such as eagerness, energy, and enthusiasm. At the same time, there are many highly successful home visitors who are quiet, dignified, low-key people. They impact a serenity and a sense of security that children and the families find very important. Which is the "best" personality? None is best, but a balance is good, including the ability to adapt one's personality to meet varying needs.

Relating Effectively With Many Different People. It has been found that successful visitors understand and relate easily and affectively to many different people and many types of behavior. They tend to be outgoing people and listen well and communicate readily with almost everyone.

Maturity. Visitors need some maturity to have learned that there is no right or wrong way to approach all the situations they will face. They benefit from the confidence that comes with experience. Maturity helps one see the many possibilities for "multiplying yourself" -- getting other people to do things (older siblings, grandparents), and getting the entire family involved in the program, rather than trying personally to do most of the job. It is a particularly important quality in helping visitors demonstrate to the program how to work with their children.

Sensitivity. A person who is sensitive to the actions and reactions of others, who can sensitively and objectively see the strengths of the individual families, who listens well and sympathetically, and who changes strategies easily when subtle signals indicate resistance or non-acceptance, usually becomes a successful home visitor.

They will also need to be flexible when visiting families. If the mother is washing her hair, cooking supper, or caring for the baby, visitors must be able to change their plans, and be ready to make their approach fit the agenda of the family. Not everyone is able to manage a job that calls for changing behavior and modifying plans frequently, and still enjoy the work.

Empathy. Visitors need constantly to listen attentively to and respond sympathetically to parents and children. As a home visitor, it is an advantage to be able readily to see the other persons's point of view, and to want to work out solutions that are not only the "right" solutions, but also ones that are particularly acceptable to each family. To do this, it is important to be able to see things from the other person's situation and background.

Motivation. An eager interest in the job of home visitor and the motivation to work hard and long hours, have been identified as important considerations in the selection process. A person who is anxious to learn, able to change, and committed to learning and developing new skills will be easy to train in the new skills that will be needed.

Cultural Background. Whatever the culture and background of the families to be served, home visitors must be able to win their confidence quickly, and to be accepted and trusted. Being a resident of the community helps facilitate the job of the home visitors for they may already know the families, and understand the values and attitudes of the community.

Many of the most successful home visitors identify readily with the cultural and social preferences and interests of the families being served. Individuals who are "foreign" to the local families because of economic status, or some other reason, can be handicapped in getting close to and winning the confidence of the low-income families of the community, whereas, a respected long-time resident of the community will have established rapport with many of the families living there. Such a person will understand the community and be able to communicate in the manner and at the level of those living there, and complement the qualifications of other staff members.

7. Other Considerations. Other considerations that reflect field experience, and that have been shown to be important in selecting people capable of becoming outstanding home visitors include:

Language Facility. The ability to converse with the families in their own language is important. This means in some cases that home visitors will have to be bilingual.

Availability to Work Some Evenings and Weekends. When families depend on visitors for guidance, friendship, and support, visitors must be readily available to respond. This means that home visitors may need to make some visits or attend meetings on weekends, or during the evening hours when both mother and father are available. Home visitors must be free enough so they can respond to the families' needs as they arise.

Sex of Visitor. Most often the home visitor will be a woman, one who has been a mother, who possesses the skills of a mothering person. And often the cultural backgrounds of the families served indicate that home visitors should be women. Some of the families served, in certain areas of the country, feel that a man's place is in the working field, out of the home, and that the woman's place is at home, caring for the children. Home-based programs must be sensitive to these cultural biases, when they occur.

Age/Health/Energy. Since home visitors need maturity and should have had successful experience of their own in child rearing, very young people are not usually selected, although there have been some exceptions, and a few in their early twenties, for example, have performed very well. However, the average age of most home visitors is around 30, or slightly older. Regardless of their age, they need to possess eagerness to learn, lots of energy, and must be in good health.

Traveling almost constantly and working with a variety of children and adults, who often have serious problems, is both physically and emotionally draining. Prospective home visitors should realize that the position will be mentally and physically demanding.

Education. Home visitors should not be required to possess any particular amount of formal schooling, because, for example, a tenth grade education is not a meaningful standard. Its meaning depends on which school the individual attended, how many years ago, and how well she or he did in school. Furthermore, such requirements automatically eliminate many fine people who will perform very well if trained. The ability to read well is, of course, important. However, if an individual has shown exceptional aptitude in working creatively with children and their families, he should not be excluded solely for poor reading ability. If an otherwise outstanding home visitor candidate's reading skills are weak, an improvement program can be made part of the career development plan for that individual. However, home visitors should have easy access to an educated supervisor or other key staff member to assist them with curriculum planning, finding and using resources, etc.

Driving a Car. Relying on public transportation schedules make planning for even routine home visit schedules almost impossible. For these reasons, it is essential that home visitors have regular access to a car that is in good working order.

Discretion. Home visitors need to keep priviledged information confidential, particularly when they are dealing with their neighbors.

PART II: PROGRAM OPERATIONS

CHAPTER SIX - TRAINING

A. PLANNING

In order to be relevant, training must relate directly or indirectly to fulfillment of the program's goals and objectives. Accordingly, prior to training, programs need to identify immediate and long-range goals and objectives for the total program, as well as for each of the program components. Once these have been developed, the program can identify the knowledge and skills, and, therefore, the training that their staff members need in order to help meet these goals and objectives. The specific training must be based on the CDA home visitor competencies. See page 35 and the Appendix.

Those responsible for providing professional support in each component area should be involved in identifying training needs, and in conducting training in their areas of specialization. For example, if the nurse will be responsible for conducting health checkups, keeping health records, and disseminating health information, then training for the home visitors would be more relevant if it covered how to refer families to the nurse, rather than how to keep health records.

1. Appointing a Coordinator

In addition to the need for group training of staff members when a new program is first initiated, it is very important to pay a lot of attention to continuous training, and to the total training needs of individuals who are hired after the initial group training is over or perhaps after much continuing group training for the staff has already been done. This means that as the program progresses, a lot of training will need to be individualized.

In order for a home-based program to achieve both group and individual training that is well-organized and effective, it is usually helpful to designate one person to be the training coordinator. This individual should have responsibility for doing much of the work of designing, developing, and implementing all sequential training activities. Coordinators, of course, are involved with others in planning the training, and then draw upon people with special skills to help decide the emphasis to be placed upon different areas of content, the length of training, the choice of staff and methods of training, and assist in conducting training.

Examples of tasks a training coordinator can perform include:

-- help the staff to define the purpose of the training;

-- encourage a creative training atmosphere through consulting with and working with the entire staff;

-- bring problems into focus for the home visitors and staff;

-- facilitate both the initial (pre-service) and continuous (in-service) training program;

-- provide for group evaluation of the training;

-- schedule and arrange individualized training sessions and experiences as well as on-the-job training and coaching for individuals who were hired later and missed all or most of the initial group training programs and sessions.

2. Factors to be Considered in Designing the Home Visitor Training Program

There are a number of factors that can affect the content of both initial and continuing training of visitors. In fact, the experience of home-based programs has shown that it is of considerable importance in planning training to:

-- analyze the goals and objectives established for the home-based program;

-- from this analysis, determine what tasks will need to be performed to meet the goals and objectives;

-- decide who will be responsible for each task;

-- make training content decisions on specific tasks and responsibilities of the home visitors, as well as -- what should go into the sessions -- what workshops to plan -- who will participate in the training -- and how long the training will be, on the basis of early experiences, problems, and successes of the home visitors;

-- poll home visitors, supervisors, parents, and the total staff to determine their perceived needs;

-- evaluate the performance of home visitors, which will reveal training needs;

-- consult experts in child development, human relations, nutrition, etc., who can also be of value in identifying realistic training needs for the program. Special consideration should be given to training staff members in working with handicapped children.

In summary, home-based programs have found that an excellent way to cross-check their training plans is to break each job down into a list of all its component parts, listing all the functions, responsibilities, and tasks that are involved. Then, by identifying all the knowledge and skills needed for the successful performance of each component part, a comprehensive check list can be derived that will show what subjects and topics to include in planning the training content.

3. Planning for Individual Needs

When a comprehensive list of the knowledge and skills needed by home visitors is completed, the entry qualifications of all

trainees can be compared to the lists that relate to their functions. No two people will enter the program with the same training needs. Therefore, depending on the skills each person needs to become an effective home visitor, individual training plans (in addition to group training) can also be designed.

For this purpose, when new people enter the program, it is useful to have them complete an inventory of their background, including details of previous experiences in working with children and adults as well as participation in other training activities. With this record, an assessment of the training needs, the specific skills and strengths of each individual, as well as the total staff can better be developed. A training record can then be set up for each staff member and updated from time to time. Such a record will feed into the agency's career development plan.

4. Career Development Plans

Home-based programs usually provide career development opportunities for their staff. That is, part of their training should prepare visitors to move up to higher paying, more responsible positions. Training can often be arranged that will include "credit" courses that lead to the obtainment of academic credentials, provided that such courses clearly increase the competence or the ability of the individual to perform better home visitor functions. In some cases, credit can be arranged for in-service seminars, workshops, etc., conducted by the program itself. All such training should directly develop competencies in home visitors that will allow them not only to increase their efficiency and effectiveness in their present position, but perhaps also to become qualified for advancement and employment with other organizations in the same or related fields.

One example of appropriate training is the Child Development Associate (CDA) Program which has been developed to train both center and home-based staff. This program focuses on the competencies needed to work with preschool children and their families and is directly tied to the Head Start Performance Standards.

The CDA Credential, which recognizes professional achievement, is awarded to child care providers and home visitors who have demonstrated their skills in working with young children by successfully completing the requirements of the CDA assessment system. An individual who receives this credential becomes a Child Development Associate (CDA).

B. PRE-SERVICE ORIENTATION AND TRAINING

1. Pre-employment Information

Even before a person officially becomes a part of the home-based program, initial training can begin. Specifically, during the employment interview detailed information can be provided about the program, through video-tapes, slides, pamphlets, and informal discussion. This information can, for example:

-- describe the basic program and its goals and objectives to prospective employees, providing the data necessary to decide whether they want to become a part of the home-based program;

-- clarify the nature of the role the individual will assume if hired;

-- provide a familiarity with the agency and its functions, clarifying who the immediate supervisor will be, and some of the rules, regulations, and policies of the agency.

2. Pre-service Orientation/Training

New, inexperienced home visitors obviously will not be fully trained and competent for a long time. Often they need to get out on the job soon, even without complete training. However, with a sound, thorough orientation, and by working at first in the company of their supervisor or a trained, experienced home visitor, they will quickly learn a great deal on the job that cannot be learned as well in any other way. Furthermore, their experiences in actually helping to do the work will not only represent important learning but will strengthen their interest in and appreciation of the in-service training that will be going on for many months. Experienced home visitors continue to benefit from continued training that deepens their knowledge and enhances their skills.

Thus, beginning home visitors cannot learn all they need to know and develop all the skills the job requires by attending initial orientation and training sessions. At the same time, before they attempt to provide home visit services on their own, they should learn important fundamentals. They must have essential beginning information, immediate ideas, and early skills for working with their families even in the beginning. These early skills can often be developed through the role-playing method.

In summary, the amount of time spent in pre-service orientation and training activities should be adequate but not excessive. Basically, the function of initial training is to give the visitors and other staff the basic skills, knowledge, and concepts they will need to feel secure and confident as they begin learning their job. This entry training fulfills the visitors' basic needs, enabling them to begin serving families. When initial training is kept simple, short, and practical, it can:

-- help keep new staff members from being overwhelmed with their tasks;

-- allay the fears of new staff, showing them the simplicity of their tasks by structuring the first few visits they will make to a home.

During these activities, visitors can actually plan first visits as well as make or obtain and practice with the materials they will need during their first four weeks or so on the job. These sessions may vary in the amount of time allotted, according to the needs of individual programs. They could be scheduled somewhat as follows:

Session 1: Understanding the program and practicing techniques for recruiting families and getting acquainted on first visits.

Session 2: Observing and assessing families and their needs.

Session 3: Gaining each family's cooperation; establishing trust.

Session 4: Beginning developmental activities and support services in each component.

The sessions above are merely an example of scheduling pre-service training; some of these activities can take place simultaneously at times. It is important that pre-service training be neither overly prolonged, nor too short, and this must largely be determined by the staff and directors of individual programs.

Pre-service training also usually includes providing basic training on:

-- how to work both easily and effectively with adults and children in their homes;

-- how to promote health and safety procedures in the home;

-- how to match up community resources and social service agencies with the specific needs of families;

-- how to observe, record, and report problems and needs of parents and children.

This kind of approach, while giving visitors a brief introduction to the entire program, also gives them some <u>immediate skills and knowledge</u> so they can begin serving families fairly soon, and with an adequate amount of confidence and competence.

It is always desirable to coordinate pre-service activities with on-the-job training. To do this, each visitor might be given only one family to work with during the first week or so of training, perhaps two families the next week, and so on until each is working with a full quota of families. In this way, the ideas presented during training are tested, discussed, and tried again; also, since the visitors are actually utilizing the training, it is kept more practical, relevant, and immediately useful. Thus, early mistakes are discovered and corrected before they are repeated with other families, and the visitors quickly become more interested in and dedicated to getting good training, both in group sessions and on-the-job.

It has been found that while individuals who have previously worked with groups of children within child development centers already have a great deal of valuable background, they usually require some training that specifically helps to "turn them around;" to re-orient them from working directly with individual children to working with and motivating the parents within their homes. (See chapter seven for more detailed discussion of adult education concepts within the training component.)

Professional personnel, such as doctors, nurses, social workers, nutritionists, and psychologists, who bring with them a specialized set of knowledge, skills, and abilities need orientation training. They have to gain understanding and knowledge about home-based programs by attending special orientation sessions and staff meetings, and by having individual conferences with the director and other key staff members.

C. IN-SERVICE TRAINING

1. Group Sessions

In-service training refers to the process of continuing, centralized, and on-the-job instruction for the development of the staff. This training naturally changes and evolves as the program, the staff, and the families being served grow, develop, and change. In-service training that is of a continuing nature, rather than only very occasional, better extends and deepens the knowledge and skills introduced during the initial training. It also gives the visitors up-to-date information and regularly reinforces and enriches their understanding of themselves, others, and their positions. Most programs report that a half day a week or a full day every two weeks has proven very satisfactory for continuing training purposes.

Continuing in-service training activities that have been most useful have included:

-- on-the-job supervisory coaching;

-- informal get-togethers, parties, and picnics, at which there are serious discussions as well as fun;

-- refresher courses at places such as a local community

-- retreats;

-- sequentially planned workshops;

-- Red Cross first aid courses;

-- basic adult education courses;

-- visiting other programs;

-- weekly staff meetings.

a. Occasions for Group Training

There are many different situations and occasions in which staff training can be advantageously conducted on a group basis, some informal and some formal.

(1) Seminars and workshops

Seminars differ from workshops in that the former are largely discussion sessions, whereas workshops are built around learning by-doing activities.

Regular and occasional seminars and workshops have been the heart of many home-based staff development programs.

Such training activities have been found to be most useful when they are planned to increase the home visitors' knowledge of the specific program components -- HEALTH, SOCIAL SERVICES, EDUCATION, and PARENT INVOLVEMENT.

Some suggested seminar topics are:
How can we involve the fathers more?
Where and how can we get more free materials?
What is the best way to handle situations where older children are continually being disruptive?
Planning for an all-families outing.

Workshops can include such topics as:
Observing and assessing children;
Role playing the first visits;
Making developmental toys from discarded household materials;
Interviewing to develop assessment data;
Integrating all components in home visit activities.

Staff Meetings

Regularly scheduled staff meetings, weekly during the first year of a home-based program, and perhaps less often for established programs, have proven to be excellent training opportunities. During staff meetings, the home visitors and administrators have used one another as resources, with gratifying results. Continuing contact with others experiencing the same problems and situations can be a comforting as well as informative and extremely valuable experience.

During such weekly meetings, administrators and specialized staff have highly beneficial opportunities to relate to the home visitors, helping to keep them informed about the progress of others. Program goals and objectives can be reviewed in relation to progress being made, for example, and each staff member can be informed about, and reinforced by, the progress for the total program. A "human support system" seems to develop through weekly staff meetings, which are devoted to training in one form or another.

The sharing of problems and the exchange of ideas and experiences has a "broadening" effect on the entire staff, and helps to dispel the idea that there is only one right way to gain an important objective.

Some staff meetings have been held with just the home visitors and the component specialists present. This gives the visitors the opportunity to raise issues and discuss problems without restraint. These meetings then are often followed by meetings with the supervisors and the specialists, to present the problems and issues, and make decisions.

(3) Retreats

Some program staffs have found that they gain especially valuable insights into themselves and their program by allowing several days a year to be set aside for a staff "retreat", held somewhere away from the office. Even if a retreat is held in the same city, at someone's home, or another agency's office, the staff may come to see their program in a new perspective. New feelings of mutual respect and understanding seem to result and everyone usually returns refreshed, ready to do an even better job in the future.

(4) Visiting Other Programs

The Home Start Demonstration Program initiated an innovative and effective in-service training activity by enabling its programs to make one or two visits a

year to other home-based programs. On such visits, ideas are shared, insights are gained into problems, and resources are often identified which can be useful time and again. Some programs provide workshops and training sessions that are open to staff from other home-based programs.

(5) Informal Get To-Gethers

Eating lunch together as a staff, or meeting informally for a picnic or a weekend get-together, can also be another highly effective occasion for in-service training. The more the staff knows one another and communicates and relates to one another, the more fully the goals of the program have been met. People seem to gain from being free to talk about things, to relieve feelings of pressure and responsibility, and yet often the discussion at such informal gatherings soon centers around the program.

b. Training Methods/Techniques

Training, of course, should not only add knowledge and develop skills, it should also help home visitors feel good about themselves and increase their self-esteem, by filling their basic needs for belonging, achievement, and acceptance.

Visitors have responded enthusiastically to well-planned training sessions, particularly those which involved their active participation. Home visitors want very much to succeed in their work, and they find the security, skills, knowledge, and increased self-esteem through training which helps ensure their success. When techniques and methods are varied and effective, visitors have indicated they are looking forward to the next training session.

Even though a program director or leader must provide leadership and direction, he or she can foster confidence in the trainees by often sharing this leadership responsibility with them.

The leader may help the group make decisions about training, for example, by:

-- informing them of the plans and goals for the session, and giving the group some ideas of the format for the day -- We will break around 10, and get ready to visit Mrs. S. After the visit, we'll return here. What would be valuable to you to do when we return?" And, if the group doesn't have any idea, the leader adds further structure by saying, "We could analyze the video-tape, discuss the visit, or give ideas for future visits to Mrs. S."

The home visitors have often been helpful in planning an agenda , such as by:

-- listing all of the things they want to find out about nutrition, or whatever the topic of the training is, or by having the leader ask all of them to volunteer one idea they have about involving fathers, accident prevention, etc.;

-- telling what they hope to gain from the training, and what their expectations are for each session;

-- selecting the way they would like to obtain certain skills - "Would you like to see a movie or observe a demonstration?" "Would going on a visit with the nurse or discussing her role be more valuable to you?"

Training has been perceived by many home visitors as most valuable when it has been:

-- practical, concrete, specific, and tangible. Visitors most want to know about activities and things they can use tomorrow, rather than spending a great deal of time on theories or abstract ideas;

-- directly and concretely related to the problems and plans with which the visitors are currently involved;

-- immediately applicable, so the visitors are able to try out the training, and return to a similar session to discuss their experiences;

-- directed toward helping the visitors better understand themselves, making them aware of both their weaknesses and their strengths.

When the visitors' own abilities, ideas, experiences, and interests, are recognized and acknowledged during training, it becomes more effective. It has also been found helpful to:

-- break the training into small units, without a single session attempting to cover too much. Poor results have been attained when the trainees have been overwhelmed with an avalanche of materials or ideas;

-- allow plenty of time for discussion and questions, and time for a delayed reaction to give the visitors opportunities to think through the training, or try it out, before discussing and questioning;

-- include actual practice of skills and knowledge, or direct observation and demonstrations involving parents and children;

-- allow the visitors, specialists, and supervisory staff to interact with one another, and to receive feedback on how others are reacting to a situation;

-- vary techniques, interspersing discussions, lectures, and group meetings with opportunities for the home visitors to practice and test out their ideas.

(1) Role Playing

Role playing has been found to be an exceptionally successful and popular method for the training experience, and acts as a bridge between discussion and practical, concrete experience. Through role playing, the visitors seem to gain insights more quickly into areas where they have had the most questions. They see more readily how visitors can actually foster increasingly independent families, or how they can assist their families to gain more competencies.

Requiring no equipment, consultant, or outside help, role playing can be utilized from the very beginning of the training program. The staff themselves are the resources leaders and trainers.

This method is especially helpful in planning and preparing for the first visit. It helps build confidence and reduces tensions and fears of the first encounter with parents and their children.

Preparing for Role Playing

The visitors and the leader get the most out of role playing when they are comfortable and relaxed enough with one another to practice realistically. Often the leaders practice at home or with a small group of trainees to get the feel of the technique. The objectives of role playing are listed and described before beginning. In addition, the leaders usually find it helpful to structure situations in advance for the group. The leader might:

-- give cards to each player, naming each as the mother, visitor, father, and briefly identify the role each will play: Father: Disinterested, expressed view that working with children is "woman's work." When the home visitor asked him to show Clement how he was changing the tire, he told the home visitor to get out. Home Visitor: Asked the father to show Clement how he was changing the tire, and was told to get out. Wants to try to involve father another way.

-- or the leader might just briefly describe the situation to be acted out by saying to the players, "You be the mother, you be the child, and you can be the visitor. Remember, the mother wants her four year old child to learn to read, and is pushing him to recognize the A,B,C,'s, and the child is feeling pressured and upset."

-- Another possibility is to act out the kinds of child/parent dialogues used in Parent Effectiveness Training or other parent education materials.

During the Role Playing

When role playing begins to drag, or the leader feels he has missed the point, it is usually best to:

-- encourage others in the group to try a role;

-- stop the play, suggesting that the two players talk to each other privately, as mother and father or whatever role they're in, and then restart the play;

-- have the players switch roles, "Now you become the child, and you take the mother's part;"

-- have the group divide and take sides, with half the group sitting by the player taking the mother's role, and the other half teaming with the player taking the visitor's role. Each group is then free to "toss in lines" and play the roles together.

Discussion After the Role Playing

Role playing has been found to be a wonderful "springboard" for discussion. Following each play the leader should begin directing the discussion by asking the group and the players such questions as:

-- What was the real problem in this situation?

-- Was the visitor helpful with her advice?

-- What were the strong points of the visitor, the mother, father, child?

-- Were you comfortable when he said...?

-- How did you feel when the child didn't answer you?

-- What would you do differently now?

These or other questions might help the visitors, reach conclusions about the role play and see new directions for their work.

(2) Lectures

When an entire group of home visitors or the total staff requires the same information to meet their needs, group instruction or a lecture might be appropriate. Obviously lectures are more effective when the person who has been asked to lecture to the group knows the needs of the group and is acquainted with the program. Therefore, if a presentation is to be made by an "outsider," time spent in briefing the person on the program as well as problems and needs pertinent to the talk is well-invested. Good results have also been obtained when the visitors opened the session by formulating questions, or summarizing their problems or ideas, so the resource persons knew just where their expertise could best be applied.

(3) Buzzing

"Buzzing" as used here refers to dividing a group into smaller groups, either groups of two's or any number up to six or so. Then each group is given a time limit to do a certain job, perhaps list some questions, ideas, or recommendations, or think of a number of specific suggestions such as how to work with a mother who never keeps her appointments. Analytical jobs or tasks have not worked very well in buzz groups.

Each group of participants is also assigned to select a reporter to record the results of the "buzzing" and a chairperson to lead the group. After the allotted time is up, each group reports its findings to the total group. Suggesting that each group give one idea at a time helps prevent one group from monopolizing the available time. When one idea or point is presented, it can be crossed off all the other lists. The entire list can be written on a blackboard or chart and used for discussion.

(4) Panel Discussion

Panel discussions are yet another successful way for home-based programs to present information to a group or to promote discussion. If the panel presents an idea that sparks immediate reactions among the group, the panel should stop while the group works on it, and then summarize the group's discussion. A variety of types of panel discussion groups can make the training less "school-like" and will increase the interest of the group, for example:

Main Idea Panels

When a lot of information must be reviewed, panel members such as home visitors or parents can be asked to read some materials (for instance, something on the program components) and present to the total group the main ideas each has gleaned from the materials read.

Committee Report Panels

Committees of home visitors have been appointed to bring in ideas or information to the group on a specific common problem or need. The leader needs to meet with the committee members to give suggestions and encouragement before they can report, but more important, to help them coordinate their presentations so that duplication among the members is avoided.

Spontaneous Discussion Panels

Often three or four visitors have been asked to serve as panel members and share their experiences or ideas on a subject. It may be necessary for the leader to help these individuals by asking them questions -- like an interviewer. Two mothers might present the mother's point of view, and a home visitor the visitor's point of view.

Audiovisual Aids

Films

Films, slides, overhead projectors, and opaque projectors have been found to be very useful in training home visitors as with almost all other groups. Films are more useful when the leader has previewed them, tells the group something about them, and asks the group to focus its attention on specific points.

Following the film or slides, some discussion should take place. Discussion leaders find that beginning a discussion of a film with open-ended questions is particularly effective:

-- What would you say about this film?

-- Who would like to comment?

-- Does this remind you of something you have been thinking about in your work?

Next, the leader can ask more direct questions, to bring the focus of the discussion on important points:

-- Would you work with the children in the same way as the visitor did in the movie?

-- Could you take this much responsibility in developing your families?

-- What did you visitors do that was similar to your tasks?

-- What did they do differently?

-- How would you describe the relationship between the parents and the visitors?

-- How do you solve these kinds of problems?

Video-Taping

Where available, video-taping is a source of continuing feedback and an excellent tool for training. Using the tapes, the visitors, supervisors, or trainer can review role plays of the visitors working with typical problems. When viewing themselves on tape, especially in the presence of another person, home visitors soon become discerning and critical of themselves. "I didn't let Jose finish it, I jumped right in," or "I really do talk a lot; poor Mr. and Mrs. X didn't get a word in." As a result of the viewing, the visitors see for themselves what went wrong or what was successful.

Although video-taping is initially an expensive training method, some programs have received training grants to purchase and learn to operate the video-tape equipment. Others have found that when they purchase the equipment jointly with one or more other agencies, the initial expense is feasible.

Essentially, the video tape helps the visitors learn about themselves, the children and families they work with, and their methods and style. Video tapes of the program might also be used for:

-- large group meeting of community group to explain the program;
-- recruiting parents, showing them exactly what kinds of things they can expect when a visitor comes to their home;
-- evaluation of the growth and progress of the program, or of individual home visitors and staff members; showing consultants a particular child's or family's behavior, if this behavior is of concern to the staff;
-- recording a special event, a surprise party for a family, a special field trip, or summer play group of children;
-- increasing the staff's observational skills; sharing with parents their child's progress.

To help groups become relaxed about video-taping, it is useful to:

-- make several tapes of a group situation, so no one person is singled out for taping until all are at ease with the techniques;
-- tape in many different situations, such as parties, lunch times, and workshop sessions, before taping home visitors with families;
-- discard the first three tapings of any group as practice tapes;
-- let the person being taped view the tape alone first, and let him decide whether or not the tape should be used with others.

2. Individual Training

a. On-the-Job Training and Supervisory Coaching

The basis of in-service training can be the day-to-day supervision and individual help given to the home visitors. As the supervisor works with the visitors and a family, within the family's home, very effective training takes place. The supervisor can use these opportunities to:

-- support the visitors in utilizing new skills;
-- suggest and demonstrate new activities and methods for fostering competencies in the parents and children;
-- reinforce the ideas and methods discussed or presented during training;
-- evaluate the effectiveness of the training, and identify ideas for future training;
-- meet the individual needs of each home visitor;
-- help the new visitor, who may be confused when faced with the total family and bring the situation into focus.

On-the-job training, with the supervisor (or a fully trained and experienced home visitor serving as the trainer) and the new home visitor participating together in a home visit, is an even more effective method when it is followed by an individual-and-trainer conference. Conferences between supervisors and visitors are always useful and can:

-- help in the evaluation and assessment of the needs of families;

-- assess the needs of the visitors for future training;

-- enable the visitors to clarify their goals or work through their problems;

-- help the visitors feel their job is worth doing and doing well for they know their work is known, appreciated, and recognized;

-- help the visitors to see their present job as an opportunity for personal growth and development.

b. Assigned Reading and Discussion

Staff members can benefit greatly from a carefully thought-through plan under which appropriate articles and books related directly or indirectly to home-based child development services are assigned for reading, and then discussed with the director, a specialist, or the entire staff. Local programs will no doubt already have or know of many excellent items from which the staff will benefit.

D. TRAINING RESOURCES

1. Members of the Program's Staff

Within each new home-based program, there are undoubtedly many individuals who possess unique and varied talents. Perhaps there is a staff member who could:

-- teach mothers to sew;

-- conduct a workshop for fathers on making simple auto repairs;

-- demonstrate new and attractive recipes for commodity foods;

-- show how to engage a shy or withdrawn child in conversation by using puppets.

2. Local Specialists

The community itself has many training resources. School personnel, local nutritionists employed by the school system, public health department or county extension service employees, or nurses from the health department might be willing to conduct training. Other resource people might be the local:

-- child development specialist from the community college who might be available for workshops on human growth and development;

-- pediatrician or dentist who may discuss his role, preventive health, etc.;

-- kindergarten teacher from the nearby neighborhood school, who might demonstrate techniques of working with individual children;

-- Junior League, Women's Club, Rotary, Kiwanis, etc. representatives, who might have a variety of topics about which they may be prepared to conduct training;

-- family counselors who may help with family relations;

-- Red Cross volunteer who might teach basic first aid;

-- insurance salesman who could explain insurance buying to parents, or a businessman who could explain purchasing on credit;

-- psychologists who can lead workshops in human relations;

-- police, fire, or health department personnel who are available to deal with community needs;

-- librarians who can acquaint the staff with new children's or other literature;

-- social worker who can teach visitors how to identify problems and make referrals;

-- home economists from the local high school who can teach nutrition or home safety;

-- Head Start program personnel who can offer valuable assistance to home-based personnel.

3. Consultants

A consultant who has specialized knowledge can, of course, be very useful in a training program. However, consultants are aides, not substitutes, for local home-based personnel. They can best be used as facilitators, rather than to replace the local staff leadership.

Time is well spent in planning to get the best and most utilization of the time and talents of consultants to be used to help with training, or for other purposes. It is unfortunate for any program and frustrating to any consultant who arrives with too little understanding of the program, or un-informed about the need, the problem, or the assignment. Some important points in using consultants are: (1) Select consultants carefully; be sure they have had successful performance in similar assignments and have a good general reputation. (2) Send important background materials to them in advance. Perhaps discuss the assignment in detail by telephone. (3) Provide a joint orientation and planning session, to be conducted as soon as the consultant arrives. Be fully prepared and organized to get the best possible utilization of the consultants' availability. (4) Thank people for an assignment well performed. In that way, the occasion will almost always be one of great benefit to the program and of mutual satisfaction.

4. Head Start Programs

Other local Head Start programs are often another valuable source of in-service training. Training activities for the home-based option are basically the same as for the center based option in Head Start. Training on child growth and development activities for individual children, involving parents, dynamics of families, interpersonal relations, communication skills, nutrition, health, psychological and social services, special needs of handicapped children, and community involvement are examples of appropriate topics for home-based programs.

5. High Schools, Colleges, and Universities

Local school systems, community colleges, and univerisities may offer training activities that can be incorporated into the in-service plan. It is often feasible for the program director or training coordinator to plan with these institutions to develop courses and materials that will meet the needs of a home-based program.

6. The Regional Training Network

The Regional Training Network for Head Start have available training staff and other training resources - films, pamphlets, and workshop ideas - for use in home-based programs. The training network is available to help programs both plan and implement training plans. Each program will receive assistance, through the resource network or regional training and technical assistance provider. Information concerning T/TA provisions can be provided through the Regional Office.

7. Correspondence Courses

Correspondence courses in child development and related subjects are offered by several institutions, colleges, and universities.

E. EVALUATION OF TRAINING

Evaluation of training serves to:

--- identify additional training needs in terms of subject matter content;
-- give facts about how the training methods/techniques can be improved;
-- provide data on which to plan future training activities.

Evaluation of training best begins before training does, If time is taken in the beginning to determine carefully the needs for training, a base of information is established from which to determine later if the training has been effective in meeting those needs.

Everyone involved in the training can play a part in evaluating it -leaders, consultants, home visitors, and supervisors. Having their suggestion accepted and utilized in future training programs helps the staff become more open and receptive to future training.

Some evaluation is "summative," or the type that endeavors to sum everything up for a final report, or at the end of a series of training sessions. This summation describes in detail how many people attended the training session, what the content was, and how successful the sessions were perceived to be by all concerned. This is usually very helpful.

"Formative evaluation" often built right into the training, gives the type of information the staff needs to design future training plans. It shows what was well received, how to improve techniques, what the trainees perceived as useful and needed, and what skills and knowledge they gained.

Program directors, training coordinators, trainers, and supervisors need to be flexible enough to incorporate sound suggestions and use the evaluations to develop more effective training programs. They themselves must be open-minded enough to revise their ideas about what is helping or hindering,, and knowledgeable enough to develop and try out new and different methods of remedying weaknesses in the program.

The type and form of the evaluation will depend on several things - the kind of training session, the use to which the evaluation will be put, and the type of evaluation most useful to the particular group of trainees.

Evaluation summaries of on-going training can take place during training sessions, and are valuable in helping the participants become aware of how far they've gone and what still remains to be done. Such summaries are not just held at the end of a training session, but at several points throughout the training. The group leader takes the responsibility for helping the group to summarize the training. For example:

-- At the end of a session of training the leader may summarize the points made and ask for reactions - "We seem settled on 'how to' - but we will need more discussion about ..."

-- At other times, newsprint pads and felt-tip pens can be used to list points covered adequately thus far and to identify additional points that need to be covered.

-- Group growth can be emphasized in the summaries and throughout the training activity as the leader points out .. "We're coming closer to the solution. We're really working as a team, with everyone contributing..."

-- At the beginning of a training session, the group or leader can summarize.. "Remember last time we said, felt, concluded..."

-- Group summaries can list "What we have done so far-what was worthwhile, what not so worthwhile, and what we have missed."

Evaluative information can be obtained by asking for oral responses:

--What do you feel has been covered and what should be covered in future sessions?
--What parts of the training went well today? What do you feel could be improved?
--What kinds of things should you do tommorrow? What things would be best changed?
--How well do you think the goals of the training session were met?
--What things seemed to hinder our progress?
--What type of experiences that you did not have during this training would you like to have in the future?
--What were the three most important things in this training?
--How much effort did you yourself put into the training session?
--How would you rate the trainer, supervisor, equipment, and materials?
--What methods were really effective, realistic, and practical?
--What methods are preferred by the staff for making them less inhibited and most satisfied?

Formal or written evaluations are also useful in giving feedback to analyze the training sessions or activities.

Finally, evaluation of training involves observing the progress and growth of the home visitors to determine whether the training has helped them to become more effective. As supervisors visit the homes with the visitors, they have the opportunities to observe how the new skills, knowledge and ideas presented during training have been incorporated into the visitors' behavior. This observation helps the supervisors determine what still remains to be done and judge the effectiveness of various training activities.

PART II: PROGRAM OPERATIONS

CHAPTER SEVEN -- THE HOME VISIT

There is no one approach that home visitors must follow. How visitors become acquainted with families, how they gain their confidence, and how they develop strategies that will enable each family to function better is somewhat an individual matter. What works best in any given situation depends to a large extent on the personalities and skills of the visitor, and the strengths and needs of individual families. Every home visitor tries to develop an effective style of working with each family -- perhaps using one method with one family, while employing a very different technique with another. However, all home visits are based on some general principles and guidelines, including acceptance and respect of each family, and understanding.

Ultimately, the success of the home-based program rests on the home visitor, working directly with the parents and their children. It is the home visitor who helps the parents obtain the resources they need, strengthens and encourages the family, and helps its members develop to their fullest potential.

Home visitors, of course, are not expected to be professional specialists or experts in physical, dental, or mental health, safety, nutrition, social services, parent involvement, or education. Rather, they learn to serve as generalists, who can bring materials and support. They help their families obtain the resources and services they need. Visitors do things for the family only as necessary. They work to enable families to do for themselves.

A. RESPONSIBILITIES AND RELATIONSHIPS

Home visitors must learn to be human relations experts -- communicating and relating effectively with parents, children, supervisors, and parent groups alike.

1. Relating with Families

The principal function of the home visitor is, of course, to assist, inform and advise parents in such areas as childhood education, identification and correction of health problems, and so forth. Visitors work toward developing the skills of parents as "child develoment specialists." Home-based services are, therefore, mainly adult oriented. This means that almost all of their time in the home is spent with the parent(s), rather than directly with the children, but naturally not to the exclusion of relating to the children. The visitor usually visits each home once a week, and for an hour and a half to two hours. The children, on the other hand, can benefit from developmental services every day, if the parents have the interests, abilities, and materials and support services needed. It is easy to see, therefore, that within the short time available each week, the home visitor can best spend most of that time helping prepare the parent to work more and more effectively on behalf of the children, and the entire family.

Home visitors are sympathetic listeners, advisors, helpers, and friends to each entire family being served. Some of the things visitors do are mainly for the purpose of gaining the confidence and cooperation, as well as friendship, of the parents. Others are more directly related to building parents' knowledge and skills. For example, on any particular visit, the home visitors may incorporate as many as eight different activities or ideas, including such things as:

-- Introduce a toy (or book or creative experience) that will necessarily involve the parent(s) in a developmental experience with the child. Home visitors leave the toy in the home and encourage the parents to use it with their children during the week.

-- help the parent(s) make homemade toys improvised from household items to foster development. Examples of such homemade toys include cans filled with pebbles, buttons, or paper clips to produce interesting and varied sounds; stackable measuring cups, pans, or mixing bowls; and building blocks made of empty milk cartons.

-- help the parent(s) with a household chore (such as washing dishes, making biscuits, or peeling potatoes) and, by involving the child, demonstrate how the activities which normally make up the fabric of each day can be used as constructive learning experiences for children.

-- introduce activities that involve the older children, or that encourage the older children to work with and help the younger ones. Such activities may take the form of coloring, pasting, simple crafts, reading to the young ones, etc.

-- give the parent(s) opportunities to talk about their own achievements, needs, or problems. In such conversations, home visitors may introduce the subject of adult education classes, parent meetings, health, or the existence of community services that the family is not using but for which it is eligible. These services are suggested in the context that they are ways in which the parents may be able to do more for the development of their children.

-- take time away from more serious purposes for a snack or sociable chat, perhaps while helping a busy mother dry dishes or fold diapers.

-- provide transportation and assist in baby sitting arrangements so the parents can attend the parent meetings, community meetings or social activities.

-- arrange a trip to the grocery, the fire station, a nearby park, or other place of interest for the entire family.

Home visitors, themselves knowledgeable about children, help the parent(s) to better understand their own child(ren) and to learn new ways of relating to them. In many ways, the home visitors give parents knowledge of child growth and development, children's behavior patterns, and techniques for meeting children's needs. Thus, visitors help parents to become the primary factor in their development.

Home visitors show parents that they accept children's feelings.

Children's feelings are often close to the surface. Relating to the needs of children may be one of the first concerns of the home visitors. For it is through the children, through enhancing their feelings of adequacy, love and respect for their families, that home visitors help build up the strengths of the entire family.

Dr. J. Ronald Lally, former Director of Syracuse University's Children's Center, discussed eleven major problems in the implementation of home-based programs, many of which are concerned with home visitors related to the parents and their children;

(1) Home visitors too often work with the child, rather than the parents.
(2) Home visitors often separate emotional and cognitive development, when in fact they should be integrated.
(3) Home visitors tend to be too rigid in the use of cognitive materials.
(4) Often they are inclined to set up formal activities, rather than allowing for more informal give-and-take.
(5) Home visitors concentrate too often on reinforcing and rewarding the child and don't provide enough reward and enjoyment for the parents and siblings.
(6) The role of the home visitor is too narrowly defined in many cases; rather it should be broadly defined to allow the home visitor to be parent advocate.
(7) Often dependency on the home visitors develops, when their goal should be to help the parents become more independent and self-sufficient.
(8) In many instances, the middle-class model of child-rearing is used exclusively, rather than attempting to assess the individual situation and strengths of each family.
(9) They too often are uninterested in evaluation when in fact they need to know what they have accomplished to help them do a better job.
(10) Home visitors should be allowed and encouraged to present their ideas of what should be included in their in-service training.
(11) The limits of home visit programs are often not defined well enough for home visitors so that they can help their families find the particular kind of service most relevant to family needs.

2. Relating to Children

Home visitors in their relationships with children are also serving as models for the parents. For example, parents see that the visitors recognize the feelings children have, and allow them to express their feelings. Sometimes they give children the words they need to help them describe how they feel; at other times, home visitors show the child how he can express himself through materials, such as paints or clay. The visitors always try to accept the tears, giggles, or anger the child feels. They try to:

-- Know the individual child. Recognizing differences in each child, the home visitors are aware that all children, even children in the same family, are different. Each child has his own interests and needs. Home visitors show parents how to watch for the child's danger signals that signify it's time to stop or to change activity. Home visitors know the children so well that they give them tasks which, although they present a challenge, allow the children to be successful.

-- Help the children grow and develop. Just as home visitors help the parents to grow and develop their full potential, they help the children in the family to grow and develop. Home visitors show the parents how they can stretch their child's thinking by asking "What would happen if?," by reading stories, or just by pointing out little-noticed things around them--the sun in the puddle or the spots on a ladybug. Other times they help children to develop by teaching them to use the scissors, put a puzzle together, or use a puppet.

-- Assess the children through listening to the children and observing them as they work and play. Home visitors analyze their growth and development, record the children's progress and plan further development. Visitors also try to include siblings as much as possible and assess changes in their development.

3. Relating to Supervisors

Home visitors must be willing and able to take directions from supervisors and directors. They need to relate to their supervisors, without doubts, suspicions, or fear of expressing their own beliefs and ideas.

Visitors should feel free to seek support from their supervisors. They should be able to ask for suggestions and receive prompt responses. Home visitors:

-- need to be encouraged to come to their supervisors and professional specialists to get help, direction, and evaluative comments on how they are performing and progressing.

-- keep records and written assessments of their visits with the families, and write progress reports for the information of the supe.visor, specialists and other home visitors;

-- help to make the supervisor welcome in the homes they work in;
-- should be open to suggestions and new ideas that may increase their effectiveness.

4. Relating to the Policy Group

Home visitors associated with a Head Start program will be functioning under the overall guidance of a Policy Council or Policy Committee. Hopefully, they will come to possess a strong identification with these groups. Visitors can do much to strengthen a policy group's understanding, appreciation, and support of the program. They might:

-- help families to organize and select representatives to serve on the council or committee, as the case may be;
-- emphasize to the parents the importance of having them make decisions about the program, and enable them to attend meetings by arranging for transportation or babysitting;
-- discuss the decisions of the policy group with the families, helping them to understand and benefit from these decisions;
-- help the council or committee to survey sites for expanding the home-based program or to identify prospective families.

B. IMPORTANT ATTITUDES IN WORKING WITH FAMILIES

1. Accepting Families Uncritically

Home visitors need to accept their families uncritically. No matter how much concern the visitors may feel for a family's children, for example, it remains a fact that patterns of living are highly personal and deeply ingrained. The uncritical acceptance of the parents' rights to rear their children, in the framework of their own values and convictions, is basic to establishing a good working relationship with the parents. This does not mean, of course, that child abuse should be accepted. If such instances are found, the visitor must take the matter up immediately with his/her supervisor, and specialists as may be appropriate. The matter can then be properly investigated and corrective actions taken as may be needed. However, new ways of interacting with children are not likely to be adopted unless they are accepted gradually within the basic life style of the family.

2. Recognizing the Strengths of Every Family

As home visitors work with families they learn to recognize the strengths of each family. They learn to understand better the fact that many families have held together through traumatic experiences. Some will have had a long history of difficulty in coping with daily problems--getting enough food, making an adequate living, finding decent shelter--and many may have always lived within a hostile environment. Yet they've managed to survive, and with a little of the right kind of help they will do better yet.

3. Respecting Confidential Information

Even seemingly unimportant information gained in a home is personal to the family and must not be shared with anyone other than authorized personnel. Some programs have established the practice of training the visitors not to use family names when in group discussions with one another. This attention to preservation of confidentiality helps to establish a firm pattern of respect for the privacy of families.

Equally strong is the temptation of the visitors to share and confide their own personal affairs with families. However, visitors should know they are capable of putting aside personal problems and concerns while in the home of another. Here is an essential area for close supervision of the visitors.

C. USING COMMUNITY RESOURCES

All home-based programs need strong, productive relationships with existing community services and resources, and getting families to use resources that they need is a major part of home visiting.

Knowing what agency can handle a particular problem or need is more than half the battle. Often, jotting down the concerns of the home-based program and sorting through potential resources will help a home visitor to zero in on the group resources that might be most useful.

Skill in "walking through the yellow pages" is necessary. Sometimes agencies are a part of a large social agency, not worrying if their first calls get a polite referral, for often it takes several calls to locate the exact information or resource the program needs.

National organizations are useful in assisting local programs in identifying resources. A quick post card to a particular resource in the area can help programs find existing resources.

Hints for utilizing community resources:

-- involve the agencies in the initial planning stages of the home-based program;
-- ask representatives from the agencies to participate in the program by serving on the Policy Council, conducting training, or joining the home-based program's workshops, training sessions, or social activities;
-- acknowledge the agencies' help through letters, news items submitted to the local newspaper, or recognition at end-of-the-year celebrations;
-- keep in constant communication with the agencies by sending them reports of the home-based program's progress, newsletters, phone calls, or visits;
-- incorporate the suggestions and input of the agencies into the home-based program.

A booklet describing the agencies and resources of the Community can be distributed by the visitors. Usually, the Department of Social Services, Chamber of Commerce, or other civic group in the community will have already compiled a booklet of community resources. In some cases the visitors and program staff can compile the resource booklet. It should contain as many specifics as possible, including names and telephone numbers.

D. PLANNING/PREPARATION

Every session of planning and preparing for home visits should relate to a "master plan," which essentially is the set of goals and objectives for the program. The way that the program can progress toward its goals and accomplish annual, quarterly, or monthly objectives for meeting the needs of the community and the individual families being served is to relate all major daily actions to those goals and objectives. At the same time, goals and objectives need to be reasonably flexible, and to be modified and improved on the basis of experience, just as a recipe in a cookbook may be followed exactly in the beginning, but time and experience may produce changes in the "plan" which mean a better and better result.

Planning and preparation for individual home visits needs to include consideration of the goals and objectives of the program, information available on the assessments made by the home visitor and others of each family's needs, and (very important), each family's assessment of its own needs and priorities.

1. Deciding on Goals/Objectives/Strategies

Every home visit should be carefully planned, including the first visit, later visits, and the final visit. In this way, the home visitor goes with confidence, and as much as possible is accomplished without a great deal of waste of time and effort. This is not to indicate that the visitors should rush through the visit or attempt to pack as much into it as the situation will stand. On the other hand, it is a disappointment to the family as well as the home visitor, when all concerned feel a visit was largely a waste of time. A well-planned visit with definite purposes or goals, in which the visitor arrives with all needed materials and a definite if flexible plan, serves the family best.

Selecting and deciding on the goals, objectives, and activities which will help accomplish them is one of the first things visitors must learn to do. Once the goals are determined, decisions can then be made on the best way to meet them. Sometimes visits focus on one main goal, such as to encourage the parents to obtain the support services their family needs. The objective may be taking the parents to a local social services agency to familiarize them with the agency's policies and procedures, and possible complete an application. Another goal might be to encourage the mother to let her children work alongside her as she cooks. The objective might be making instant pudding with the visitor commenting on the learning that can be incorporated in this simple, enjoyable activity for the child.

Other times visitors may have several goals for the visit, perhaps one for each of the component areas. Establishing dental hygiene might be one, with the activity being the introduction to tooth brushing kits. Encouraging the father to interact more with his children could be another, with the activity being asking him to enter into a game. The visitor might aim to foster the mother's self-concept by planning to go with her to "mother's social hour."

Even though visitors plan carefully for each visit, establishing clear goals and objectives and appropriate, interesting activities, they need to learn that their plans should not be so firm that they cannot be changed. They should aim to take every advantage of the situations they find in the home as they find them. It may be that the father is already engaged in some activity -- cleaning, repairing, gardening. Rather than try to interrupt him and ask him to "play a game," the visitor might ask the father to explain to the children what he is doing and why, and look for some little ways the father might let them become involved. Or the visitor may find that there is no food or too little food in the home, and might spend her time with the family helping them to obtain food stamps.

Therefore, a strategy should be worked out for each visit, with the home visitor working with the supervisor and other key members of the staff. What is already known about the family should be reviewed. Notes from any previous meeting reflecting problems, needs and gains can advantageously be gone over. From this, the goals, objectives, and activities can be decided for the visit. These should be put in writing by the visitor, as a check list to help ensure that important objectives are not overlooked. The strategy should include the objectives, the methods or activities to be used, information to be sought, and materials to be taken.

In some cases, of course, it will not be feasible to carry out the plan as devised. As previously indicated, the visitor may get to the home and find an unexpected situation, an emergency, or some condition that will require a flexible change in strategy on the spot. Nevertheless, in most cases this kind of careful planning pays off in greater accomplishment and greater satisfaction for everyone.

If it is a first visit, it should be planned fairly short. The objectives of a first visit to a family include:

- -- introductions -- briefly describing the program, getting acquainted with the family;
- -- establishing the family's eligibility;
- -- observing the general situation of the family;
- -- establishing rapport and communication;
- -- gaining the family's commitment to participate in the program if they are eligible.

After the visitor has determined the objectives for a first visit, which will naturally be different depending on how well the families are acquainted with the program, and the personality of the visitor, visitors often find it helpful to:

-- go over any records that might exist, preparing some information about the family - learning to pronounce the family name, learning the names of the children and anyone else living in the home;

-- list the things he/she will want to tell, discuss, or ask the mother and the father;

-- collect any materials -- pamphlets that describe the program, a card with his/her name, home phone number, or some pamphlets about children -- that they might be able to take to the home.

2. Ice-Breakers - Greeters

One visitor says, "I always take two things with me. I put one on top of my bag so it can be discovered and is easy enough to help the kids feel good about a success. The other is something new and different and will be left in the home until the next visit."

Some visitors like to establish some routine, such as this, that helps break the ice with the children and the parents, especially for initial visits. A finger puppet, a song or finger play or something short, quick, and catchy can be used to break the ice. Visitors find that several ideas are handy in case the child rejects the visitor's first ideas.

With parents too, during initial visits, ice breakers help make it easier to get started. A pamphlet of recipes on commodity foods might be given to the parents. A notice of a family picnic or a booklet on social services in the community all help break the ice and give the visitor and parents something to talk about immediately.

However, these "quickie" activities should generally be useful in furthering the objectives of the visit. One home visitor found that bringing each child in the family a new tooth brush and sample tubes of tooth paste broke the ice and provided an effective way to discuss concepts and advantages of dental hygiene.

3. Materials

Once the objectives and activities have been selected for the visit, it is necessary to prepare and collect materials that will be needed. Where possible, it is usually best to utilize things that wil be found in or around a home. Although many times visitors will have to obtain or prepare materials, it is best to introduce new possibilities for using household items.

4. Planning to Resolve Special Problems

All visitors run into situations and problems that they don't know how best to handle on the spot. In these cases, they may quickly get in touch with their supervisor if it's an emergency. Otherwise, the problem is included in their report and a plan is developed to work out a solution for the next visit. The problem may represent a topic on which a special training session should be held, including the sharing of the problem, and solutions among the home visitors. Home visitors should be knowledgeable about a wide variety of things and able to work in a variety of different families and their problems.

Some of the situations home visitors might ask for help finding solutions to are reflected in the kinds of questions visitors have raised:

-- How can I work with the mother, when the mother leaves to watch television every time I come?

-- Do I deal with the immediate crisis - such as attempting to help the family find food for the week, or should I concentrate on the long-range goal -- helping the mother develop good feelings about herself?

-- How can I teach the parents to use household items to teach children when the everyday household items that the average home has for children's learnings are missing from the homes I work in?

-- What can I do to get the parents not to think of me as their babysitter?

-- How can I involve the older children and utilize their energies to help the younger children?

-- How can I help parents to realize that when they expect too much of their children they're hindering them, or how can I motivate them to expect more of their children?

-- What can I do when every material -- books, toys, art materials, etc. -- I bring into the home disappears by the next visit?

5. Studying the Neighborhood

It is a good idea for visitors not to feel rushed or pressured in to accomplishing a great deal on the first visit, but rather to be at ease. Making a home visit is not an easy task for anyone, at least not the first time. It is much easier to call on a home when you are acquainted with the family, but in home-based programs this is not always possible.

Home visitors begin by canvassing the neighborhood, looking for diapers on the line or children playing on the steps, recruiting families for the program. Even when the families have been recruited, it's natural for visitors to wonder how they will be received or what they will say.

Prior to the actual visit, it may be helpful to make a "dry run" trip through the neighborhood or community the families live in. A road map is useful in learning the area, and the home visitors can plot their route, locate the homes of the families, decide which roads are most convenient to them and how they will travel between the homes. On the dry run, the visitor can note drug stores, gasoline stations, churches, shops -- and other places of interest, as well as some of the resources the community has available. Visitors have also found that a stop in the neighborhood gas station, obtaining the phone number for future need, is a good idea.

Visitors also find it useful to prepare themselves mentally for emergencies or other serious conditions they may find. Occasionally they may discover badly neglected children. Now and then they may find filth or serious disease. Such situations must be taken in stride by the visitors without being shocked or ill at ease.

6. Making Appointments in Advance

Visits should always be prearranged with the parents. No one welcomes visitors just as the family is beginning a meal, or very early in the morning. Even with careful planning visitors may find themselves calling on a family at an inconvenient time, when other company is in the home, or when the family is occupied with some other demand. When this happens, visitors should make their stay very brief, and arrange to come back at a better time.

7. Dressing Suitably

Home visitors will be more comfortable when making visits if they wear comfortable clothing. Parents will be more at ease with the visitors when they are not too dressed up, since the parents will have their at-home clothes. Comfortable shoes may be a necessity in areas where a great deal of walking will be required.

8. Importance of a Confident Frame of Mind

Before visiting families, it is important to develop a confident frame of mind. Home visitors need to feel assured that:

-- they do have something positive and constructive to offer families;

-- when they approach families with a positive attitude and reach out with an open-mindedness, a readiness to listen, and a definite purpose in mind, they are likely to experience success;

-- they can go back again and again; if their first approach doesn't work, they can try something else another day, until they find the way that works for that family.

C. CONDUCTING VISITS

General Approach

a. First Visits

It is a good idea for visitors to be at ease, patient, and open -- putting families at ease. Sometimes this might happen on the family's front porch, or under a tree in the back yard.

People respond to the way a stranger looks and acts, so it is really up to the home visitor to establish beginning relationships and to take the lead in setting the tone of the first visit. Some visitors have found it helpful to begin conversation around something in the home -- a plant, a picture or the children -- whatever seems to be important to the families.

Children, too, will need to become relaxed and feel safe with the visitor. Some chidren are shy and apprehensive and afraid to relate to the visitor at first. Others will be overly gregarious and disruptive. The first communication with a child might be only through looks, smiles, and friendly gestures. Sometimes an attractive toy or book placed nearby while the visitor chats with the parents will arouse the children's interest. Rather than be too aggressive with the children, the visitor may say nothing more than, "I hope you like this book. Next week I'll bring something else, and we can play with it."

Parents may be concerned or annoyed if their child is shy or acting up. Visitors can assure the parents that they really expect this type of behavior, that it is very normal, and that many children react the very same way.

Usually the purposes of the first home visits are mostly to make introductions, get acquainted, and establish rapport with the parents and children. First visits may be short and informal, rather like taking a "coffee break" with neighbors.

If it works out easily, visitors will usually spend a lot of time with the children during the first visits. One way to gain the trust and cooperation of the total family is by showing respect, appreciation, and love for their children.

Visitors should try carefully to begin involving the parents in these first visits. Later, when the parents and visitors are comfortable with each other, the visitor can more directly ask the parents to join in activities such as helping the children find all of the round things on the car, or counting the number of panes in a window.

During these initial visits the needs of the family are assessed, new objectives are developed, and plans are made to begin meeting the needs of the total family.

b. Later Visits

Later visits will continue the warm relationship established during the first visit and give the visitors opportunities to assess further the situation, needs, strengths, and weaknesses of the family and gather other information that will be the basis for establishing goals and objectives for the following visits.

Some goals may be long-range (to enable the family to develop its job getting skills); objectives may be short-range (to help the family obtain food stamps) or (to get the father to stay in the room while working with the children). The program's goals and objectives will serve as the framework for the visitors to decide on initial goals and objectives for each of the families.

As the visitor gets more involved with the family, visits generally lengthen in time, and the visitor works less directly with the children and more through the parents. In this way parents gradually build confidence, skills, and interest.

Perhaps the visitor will bring a "bag of tricks" -- crayons and paper, a few toy trucks, or a box of plastic animals, etc. -- for the children to play with while they work with parents. The children play by themselves, allowing the visitors to work directly with the parents -- perhaps pointing out safety hazards, going over the food ads in the neighborhood newspaper, or discussing why play is important for children and planning a future visit, social service or other related concerns.

Other visits might see parents, children and the visitor working together -- making biscuits, cutting out pictures to make a scrapbook, or reading a story. Visitors always take advantage of the situations in the home, encouraging the parents to involve the children in their tasks -- washing, setting a table, making a bed. As the visits continue the parents assume more and more of the teaching.

Some visits may focus completely on one of the program components -- perhaps health, with the entire family going to the clinic -- but usually a visit will encompass several components. Where it is possible, planting a garden with a parent allows the visitor opportunities to ask the parent to decide which types of flowers would be most attractive in the home, and to initiate a discussion of nutritive values and child health, if vegetables can be planted.

Whatever the activity, the visit should leave the parents and children feeling good about themselves, and knowing that the visitor is a warm accepting friend of theirs.

(1) Assessing the Physical Environment of the Home

Home visitors will be assessing the learning environment in the home by seeking with the parents answers to such questions as:

-- What is missing from the home that might hinder the child's learning?

-- What danger features are there -- safety hazards, open walls, etc. - that could be corrected?

-- What things are in the home that are considered school-like -- books, crayons, scissors?

-- What kinds of activities are prohibited due to lack of space -- riding a bike, or due to isolation -- the absence of other people, neighbors, playmates?

From the first time visitors begin to work with a family, they will be influencing the way the parents order the family's physical environment. This does not mean that visitors teach housekeeping skills or tidiness, but that they will help the parents to see that their children will learn more quickly and easily if the things they hear, touch, taste, and smell are not cluttered. Visitors help the mother and father to understand that children learn all of the time, and that everyone in their home can either help or hinder the child's learning.

Home visitors can:

-- initially assist parents in finding a space within the home that might be reserved for the child's, visitor's, and parents' time together. A space on the kitchen table, or a corner of a room, with a table and chairs made out of 3-ply cardboard by the mother at a workshop might be arranged;

-- help parents to see that children's play areas, both in the house and outside, are safe and free of hazards. Some families with very limited space can be helped to set aside some of this valuable space for children's free play;

-- arrange a toy box building project for the mother and father, providing a place for the children to keep their things;

-- give each family a cardboard box covered with colored paper, or an inexpensive plastic basket in which to keep the things the children, parents, and visitor will work with during home visits.

(2) Assessing the Children and Parents

A beginning record of each child might be completed by the home visitor immediately after the visits to a child's

home. This can be started by collecting personal information about the child. Some things the visitor may want to note are:

-- the child's favorite toys or activities, what he seems to do with his time;

-- the language he speaks in the home, how he makes himself understood;

-- his favorite food and eating patterns;

-- his resting and sleeping habits;

-- any special fears he has, signs of behavior problems (sucking his thumb, hair twisting, etc.);

-- any physical handicaps, the child's physical appearance, his body build, posture, the way he handles his body, his coordination.

After the visitors begin to work with the children they can observe and record the children's responses to them:

-- Do they accept the visitor as a friendly person?

-- Are they fearful, shy? Do they seem nervous, day-dreamy, over-excited?

-- Are they attentive or is it hard to hold their attention?

The same types of questions can be asked about the parents. What are their interests, language, handicaps, food habits? How do they interact with their children? Do they show interest in the activities and talk and work with the children, or do they leave the room?

Having assessed the situation and thought about short- and long-range goals for each family, visitors begin to plan for the next visits. Visitors can select one or two main objectives for each visit to the family, being certain that these objectives will allow for meeting the family's needs in the four components -- health, social services, education, and parent involvement.

Education Services

a. Involving the Parents

The major purpose of home visits is to involve the parents, enabling them to build their own skills as "child development specialists." Visitors can structure educational situations that will increase parent involvement. They might say:

-- "Ask Daddy if he will tie this thread for you," while stringing beads.

-- "Tell Daddy how you felt when you found that pretty smooth stone."

-- "See if Mother will help you get this piece of wood to stick to the other one."

-- "I have to pack up to go now. See if Daddy will finish reading the story to you."

-- "Before I come back next time, would you make a list for us of all the things Carmen finds in the room?"

No activity with a child or parent needs ever to be hurried or condensed so that the visitors or the parents seem to be pressuring the child.

Sometimes a simple activity with the children can serve to help get parents started on educational activities. The visitor, children, and parents might:

-- take a walk in the yard during which the visitor will involve them both in nature observations;

-- read a short story, with the parent taking over as the visitor's voice gets tired;

-- try out a box of new crayons and some paper and have the mother suggest something for the child to draw;

-- put together an easy puzzle;

-- explore together a "junk box" filled with interesting odds and ends of things to talk about.

b. Offering Materials

Materials often indicate to the child and parents what they are to do. Offering the child some crayons and paper obviously suggests to them a drawing activity. An egg carton with a collection of buttons that are of different colors, shapes, and sizes suggests a sorting activity.

Home visitors are always on the lookout for materials and activities that promote the parent's involvement. Table games, sorting games, and lotto or card games need several players and just setting them up seems to invite the parents to join in the fun. Naturally, most of these materials are selected for their value in promoting child development. Their value is not fully realized if they are just given to the child or parent, with only instructions on how to use them. A most important step is the discussion and explanation of the rationale involved. Providing these materials represents opportunities to educate, enlighten, and motivate the parents to be more effective developers of their children.

c. Setting An Example

Many times visitors do not have to say anything to the parents or children, and yet they are teaching very effectively. For example, rather than telling the mother, father, or child what to do, the

visitor may just start doing it. The visitors might show them the way something is done, and act toward the child the way they would like the parents to act. Sometimes home visitors simply ask the mother to help -- they might say, "These toys go back into the box; I'll help you put them in," or "Hold the book the way I did while you read your paper, so Mary can see the pictures as you read."

Home visitors often help parents make up games that involve classifying, counting or identifying objects and help them locate tools and scrap materials -- such as cardboard, wood, paper -- so that mothers, fathers, and older brothers and sisters can make wagons, puzzles, storage chests, and bookshelves for their families.

Equally important, visitors show parents how they are already teaching their children, by the way they involve them in some everyday tasks and activities. Then they may make the point that all the things in their homes (pots and pans, beds, the colors of the walls) and all of the things in the neighborhood (the trees, sidewalks, cars that go by) can be used to further their children's knowledge.

The visitor's role in parent activities will no doubt include taking the parent(s) to the library, helping them locate books on subjects of particular interest to them, arranging for interested fathers and mothers to take a course in child-rearing or to view a film on child development, or holding mothers' group meetings to encourage them to help each other in working out solutions to child-rearing problems.

d. Direct Teaching

There are times that visitors will engage in direct teaching. They may teach a game "This is how you play Mulberry Bush," or "This is the way you take the puzzle apart. Watch me, now look how it goes back together. Now you do it." Visitors may also offer direct information for both parent and child, "Ask Jenny to tell you exactly what she wants rather than giving her the things she points to, or "Count these with me; one, two, three."

At other times visitors give the children directions, "Put all of the red cars back in this box," or "Pick the toys up and put them back into the box." They might invite the child to a task, "Come and string the beads, make your string look just like mine," or "Come and find all of the pink buttons in this box."

e. Reinforcing

Home visitors work to reinforce the parents' and the child's attempts to learn. They compliment the parents on successes and accomplishments, regardless of how small they may be. "You really did a good job with that," "Sam sure does enjoy the way you read to him," and "That's great," are the kinds of comments visitors

can make that enourage both children and parents to do more and better. Sometimes visitors can reinforce progress silently, with a smile, a nod of reassurance to the mother and father as they take over, or a hug or pat that helps the children to feel successful.

f. Other Examples of Education Component Activities Which Will Help Parents Make Educated Choices

(1) Taking parents to local libraries and showing them shelves with books on child-rearing.

(2) Arranging for staff members and interested parents to take courses on child development.

(3) Holding mothers' group meetings to use one another as resources in finding solutions to child-rearing problems.

(4) Preparing simple guides to accompany children's television programs which are shown locally, to make television-watching less passive and more active.

(5) Suggesting ways to turn everyday events into learning experiences, such as having the child help in making the beds, setting a table, while explaining to and encouraging the child, going to the grocery store and playing a "color game" on the way or peeling vegetables and teaching the child size and color concepts at the same time.

(6) Obtaining films on child development or child-rearing to show to groups of parents.

(7) Cutting out pictures in magazines and helping parents make up games -- classifying objects, counting, etc.

(8) Obtaining tools and materials such as plywood scraps and triwall, so parents can make wagons, insert puzzles, storage chests, bookshelves, and other items for their own families.

Health Services

a. Assessing the General Health Needs of the Family

Unless a serious condition is noted that calls for immediate action, most visitors find it best to work gradually into assessing the health needs of the family and providing services. By the second or third visit, however, such information as the following should be obtained by observation and questions:

-- whether there are any home health records on the children that show what illnesses they have had and when, what immunizations they have already had, who their doctors have been, and so forth;

-- when the children had their last complete physical examination;

-- if the parents or the children have any health problems that they know about;

-- treatments, if any, that members of the family are receiving or would like to receive.

b. Examples of General Health Services Activities

(1) Discussing with the parents any health problems or needs that should be receiving attention, and working out with them plans of action.

(2) Helping parents to set up home health records, reflecting particularly past illnesses or injuries, immunizations, and so forth involving the children.

(3) Reviewing with the parents rehabilitative measures and arrangements in effect or needed for any handicapped children in the family, and helping parents to decide on any steps that need to be taken to make further progress and improvement possible.

(4) Taking parents and children for health examinations and/or care when transportation is a problem for them.

(5) Advising and helping parents to make appointments for health care at free clinics, dental care centers, and so forth, and following up to help parents remember and take advantage of services needed.

(6) Making sure that follow-up and continuing care is provided to the parent's satisfaction, and that it is obtained as needed.

(7) Calling on local physicians and dentists to tell them about the program, and to seek free or low-cost help for low-income families in need of care.

(8) Working with local health department to obtain any types of services that they have to offer that will be helpful to the families.

(9) Teaching the parents about such subjects as elementary first aid and child health care, including providing such items as toothbrushes, offering suggestions on the proper care of teeth and gums, and reading health columns and articles with the parents.

(10) Helping to arrange any special rehabilitative services needed including assisting the family to obtain hearing aids, glasses, new teeth, etc., as may be required.

(11) Helping parents to inventory their homes to identify safety hazards, such as exposed or easily accessible poisons and medicines, unused and uncovered electrical outlets, bad wires, paints that children have been chewing on, fire hazards, and to parents off to safe practices with regard to cribs, toys, stair barricades, and so forth.

(12) Working with local agencies to promote improvement of community and neighborhood sanitation, introduction of fluoride to drinking water, extermination of rodents, roaches, and other insects that represent a threat to family health.

c. Assessing the Nutritional Needs of the Family

An assessment of the needs of the family in the area of nutrition should include:

-- a review of the medical records for indication of special needs -- an iron-rich diet, etc.;

-- observation of the home and the eating habits of the family to determine:

  -- if there is adequate food available for the family.
  -- if adequate utensils and cooking equipment are available.
  -- if there is proper storage for food, including refrigeration as well as other storage of non-perishable items.
  -- if the family has an attractive comfortable place to eat their meals, and if they are eating some meals together as a family.
  -- if the mother or father involves the child in cooking activities, and what are the special food likes and dislikes of the family.
  -- if the parent is knowledgeable of food purchasing, preparing, planning menus, and preserving food.

d. Examples of Nutritional Health Activities

(1) Reading and evaluating the newspaper's food ads with parents.

(2) Demonstrating, on an individual basis, food preservation and storage techniques.

(3) Helping parents make a shopping list.

(4) Helping parents plan a garden.

(5) Going food shopping with parents and child.

(6) Assisting family in taking steps to obtain donated or commodity foods.

(7) Arranging for parents to receive the USDA "Smart Shoppers" series.

(8) Arranging for local home economists to demonstrate preparation of inexpensive but nourishing foods.

(9) Providing information on such aspects of nutrition as the feeding of young children, the purchase and preparation of food and food handling and storage, helping the homemaker make the best use of food money.

(10) Calling attention, when possible, to consumer newsletters and food cooperatives.

(11) Teaching the homemaker to plan menus that use the basic four food groups, and to plan and prepare more nutritious, lower costs, and more appetizing meals.

Social Services

a. Assessing the Need for Social Services

The term "social worker" is thought of by some people as being economic assistance only. Since home-based services are provided mainly for low-income families, some will already be receiving welfare and other financial assistance. Others will not be receiving such aid, but will need it, and the visitor will be instrumental in seeing that such a family's needs are met. However, social services refers to all the services and facilities that the community provides for its citizens. This includes recreational facilities and programs, for example, the public library, vocational, mental health, and other types of counseling.

As with health services, the visitor usually makes a gradual assessment of each family's needs, rather than starting off with a direct inquiry into the family's financial and other needs, unless the parents bring the matter up immediately. Even on the first visit, however, the trained visitor will be able to gather a great deal of meaningful information if necessary, about the family's needs by observation and general discussion of related matters. By the second or third visit, trust and confidence will have been somewhat established, and the visitor can begin to probe for information if necessary, but always in a tactful manner. Information so obtained will be reported to the supervisor and any specialist on social services working with the program. From these discussions activities can be planned what will help alleviate or resolve conditions that can be improved or eliminated through available social services.

b. Examples of Social Services Activities

(1) Using local telephone books as a directory of resources, showing parents how resources are listed.

(2) Acquainting community agencies with the program.

(3) Taking parents to the resource facility, walking through entire process with parent(s).

(4) Helping parents obtain necessary furniture and appliances.

(5) Helping families team up with neighbors or relatives who own transportation.

(6) Holding program-wide picnics or other social affairs for parents or entire families.

(7) Helping parents with housing needs.

(8) Establishing a clothing and shoe bank.

(9) Arranging for alcoholism counseling and education.

(10) Helping parents find legal aid.

(11) Preparing and distribution, or obtaining from the social services department, a booklet on the services available to families.

Parent Involvement

a. Assessing Needs

Some parents will already be highly involved with their children's development and with the community, but they may still urgently need the many resources home visitors can provide. For example, they may not be very knowledgeable or effective in the ways they are trying to help their children. They may lack certain badly needed resources that visitors can help them tap. While their efforts may be good in one area, the family may be suffering from poor nutrition, unemployment, bad housing conditions, and so forth.

The point is that with the parent involvement component, as with the other components, the needs of all parents are not the same. An active, intelligent assessment of needs should precede the start of activities or rendering of services. A careful assessment of needs, for example, prevents such mistakes as suggesting to a mother that she involve herself in certain ways in the development of her children, when in fact she is already so involved, and this involvement has been one of her strong points for a long time.

Assessing the needs of parents for further involvement can be done through observation and interviews. A check with the community's agencies can often help the program identify the general needs of the residents of the community -- for example, little opportunity for socialization, common concern about lack of recreational spaces for children's play, or needs for vocational retraining.

Observing and interviewing the parents themselves will give visitors an indication of the parents' involvement level. Some parents will be leaders in the community, active in the church or neighborhood organizations, and strong advocates of children. Others may be struggling to keep their families together and completely debilitated from the effects of poverty.

Visitors might ask parents:

-- about their social activities, church participation, or other groups they belong to:

-- what their career development goals are; are there skills they wish they had, high school equivalencies (GED;s) to complete?

Visitors might observe:

-- how the parents interact with their children;
-- what activities the family does together;
-- the parents' motivation to increase their knowledge of and understanding of children.

b. Examples of Parents Involvement Activities

Many parents may be so trapped by their own personal problems of day-to-day living that they are not able to provide for their children.

Visitors help parents to feel successful by:

-- involving parents gradually, asking them to observe first; then to conduct some tasks, gradually increasing the responsibility until the parents are assuming complete responsibility;

-- counseling, including -- attentive listening, responding, attention to confidentiality of information they receive from their families;

-- understanding the helping relationship;

-- learning to identify and solve problems.

(1) Organizing Parent Discussion Groups Around Topics Identified By Parents

Parents need opportunities to meet together in groups. The need to belong, to be social, and to have recreation is one of the basic needs of humans. When parents meet together they:

-- develop greater belief in themselves and their worth as individuals;

-- discover that they have feelings, ideas, and wants in common with others and help each other feel less isolated or lonely;

-- increase motivation, self-help, and self-direction;

-- become active members of the neighborhood and community.

Parents learn from one another and have a great impact on each other. When parents meet together there is a sharing of feelings and ideas that might not always occur when staff and parents meet.

A variety of group experiences can be provided for parents. One group may meet for mothers and fathers new to the program, another for those who have been in the program for some time, while another group might be a combination of these two. Other meetings will be arranged to foster the goals of the program, and may focus on health safety in the home (including a talk by a local fireman on fire safety), a discussion with an expert on insect and rodent control in the home, or how parents in an apartment complex or similar group can set up a buying club or cooperative to save money on food and other commodities.

-- A nurse may be able to conduct sessions on baby care, hygiene, or caring for ill children.

-- A business woman from the community might talk with parents about buying on credit, insurance, or avoiding bad contracts.

-- The local home economists might conduct sewing, cooking, or canning classes.

Initially leadership for parents' groups may come from the home-based staff. However, many parents are able to assume leadership of discussion groups without assistance.

(2) Arranging for Social Experiences for Parents

Everyone needs to relax and have fun. Visitors can facilitate a group of parents getting together for recreation. Some groups might be very informal, a morning coffee at one family's house, an impromptu mid-morning picnic of a neighborhood group, or an evening of conversation at one of the homes. Other informal social activities might include:

-- trips to places of interest;

-- family picnics or pot luck dinners;

-- bingo or card parties;

-- get-to-gethers to view slides, video-tapes, or films of the program;

-- dances.

The value of informal get-togethers cannot be underestimated, for the more parents get together socially, the more they feel "they belong."

(3) Participation in Policy Group Meetings

Some parents are, of course, initially involved in the decisions as to whether a home-based program should be implemented and later they help in determining the goals and objectives of the program.

As the program develops, there are parents who continue in their role as decision makers through participation in the Policy Council or Committee. Decisions parents make help program expansion, budget program evaluation, personnel policies and procedures, and program direction.

Participation in the decision-making process is fostered by encouraging parents to become a part of the Policy Council. Parents are assisted in getting together to elect those who will represent them on the Policy Council and visitors can help arrange for transportation and babysitting to enable all parents to attend Council meetings.

In addition to making decisions about the home-based program, parents might be able to organize through the Policy

Council to solve community-wide problems, such as clearing an empty lot to provide a place for the neighborhood children to play, or getting the city to make garbage pick-ups or to cover a dangerous open drainage ditch.

(4) Assisting With Home-Based Program Development and Operations

Parents also participate in program development by attending in-service training sessions, writing and receiving newsletters, and helping other parents. Parents can:

-- disseminate information about the program to their friends and neighbors;

-- recommend other families to the program, help in recruitment;

-- help other parents in the program by pooling resources;

-- take part in the evaluation of the total program including evaluation of their home visitor.

And, parents may work in the program itself, either as volunteers or as paid employees. They may construct games, toys, and equipment for the families; recruit new families; or help by taking others to the clinic, library, or recreation center.

(5) Attending Workshops

Another type of involvement parents have in a home-based program is participation in activities that will enable them to become more effective educators of their own children. Home visitors help parents develop knowledge and skills as child development experts, and they become directly and regularly involved with their children.

Often resource people in the community will be willing to conduct workshops on topics of interest to the parents. The most successful workshops are those that the parents request.

(6) Becoming Early Childhood Experts

Head Start recognizes that parents have important roles as educators of their own children and that all parents need to feel that they are doing, or can do, a good job of helping their children develop.

(7) Adult Basic Education Courses

Head Start also helps parents to develop their full potential and to realize their career development goals. Adult Basic Education classes, sponsored by agencies such as the State Department of Education, National Association of Public School Adult Education, The Adult Education Association of the American Education Association, Church Women United, YMCA, YWCA, or the local school system can help parents and staff obtain new skills and competencies.

Adult Basic Education courses may be organized around any number of topics, including classes in reading, writing, and arithmetic designed around everyday problems and concerns of adults. Other topics might be Everyday Psychology or Human Relations, Art, Music, Child Development, Civil Defense, Sewing, First Aid, Food and Nutrition, Business Education, Law, Physical Education, or Driver's Education. The director of Adult Basic Education (ABE) at each State Department of Education can supply a bibliography of ABE materials or suggestions on where to obtain these resources in the state.

PART 11: PROGRAM OPERATIONS

CHAPTER EIGHT - RECORDS AND REPORTS

The experience of the Home Start sites served to reinforce the importance of setting up and keeping good records from the very beginning. Records are important, of course, not only for their value for daily planning and reference purposes, but for the development of sound, reliable reports that serve to point up problems and needs, and to justify the continuation of the services being provided to the community. Many Head Start programs can assist with record-keeping systems and forms, particularly in the area of health.

No attempt is made in this manual to suggest or discuss financial records and systems, such as for payroll and accounts payable purposes and for reporting on the status of financial accounts, since these systems are fairly standardized. Any program that is handling funds is well advised to bring in professional accountants and other financial specialists as needed right from the beginning and to pay the amount necessary to have adequate professional accounting services throughout the life of the project. The day the auditors arrive is no time to start trying to figure out where the money went.

The following records and reports are considered to be a minimum for an efficient, responsible operation:

1. Family Information Record

   A basic record is needed on each family served. This will need to reflect fundamental information about the family--names, addresses, brief descriptions of family members, information on any special problems, such as those relating to any of the component services, or the program's objectives.

   This basic card or form will "stay with" the family as long as they are being served, and should be brought up to date regularly including suitable entries, reflecting the time and circumstances under which they may be terminated from the program.

2. Home Visit Report

   Every home visitor should make a report on every home visit. The importance of this cannot be stressed too much. It is necessary not only to stress this in the beginning with every new home visitor but that each individual fully understands why this function is so essential to the best interests of the families and the success of the program. In addition to giving a lot of attention to this function in initial training sessions, each report should be reviewed and discussed with the home visitor by the supervisor. This provides an additional opportunity for improving incomplete or unclear reporting by coaching and instruction. As someone said, "Employees do what management expects." These reports are not only essential for updating the Family Information Record, and for use in preparing overall reports on the program's problems and accomplishments, but are of great value in planning additional and improved services for each family.

3. Home Visitor Time and Expense Report

A matter of priority interest to both the program administrators and the visitors is that of reimbursement for expenses and accountability for time spent, which means, of course, program money expended. There are almost always some individuals who are more conscientious about these matters than others. As with the home visit reports, mileage, and other expense and time reports, will be prepared late and in some cases inaccurately, unless the home visitors are properly trained and well supervised. This does not mean "breathing down the neck" of each home visitor. They will be out in the field, working with their families a great deal of the time, and must be the kinds of dedicated individuals in whom a reasonable amount of trust and confidence is well placed. It does mean, however, that it is not only important but essential that occasional spot-checks be made of the work of each home visitor. Part of this process involves taking an interest in their reports, and discussing with them the whys and wherefores when it appears that they may be spending an usually small or large amount of time with each family.

To discourage any possible exaggeration of mileage expense claims, it is imperative that these reports include odometer readings and that the mileage claims be reviewed before payment to be sure that they are reasonably accurate, and that mistakes are not being made.

All out-of-pocket expenses, such as parking costs or highway tolls, should be supported by receipts because these are required by auditors for approval of such expenditures.

4. Employee Records

Records for home visitors must be kept in the same way that all employee records are kept.

5. Agency Referrals

As indicated many times in this manual, an essential element of a home-based child development program is that of referring families to local services needed and available. It is better in most cases for the family to use an existing service than have the home visitor try to provide the service personally. For example, families need to learn to use community services and facilities. Furthermore, these community services will no doubt be there for years if not permanently; whereas the program that the home visitor is representing may be funded only temporarily.

Information for an Agency Referral Record and for reporting on these referrals can be accumulated from two sources in most cases: The Home Visit Reports and records and reports maintained by component specialists. From a basic Agency Referral Record, monthly, or quarterly, Program Referral Reports can be developed, as may be required or desirable.

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APPENDIX A

JOB DESCRIPTION

HOME VISITOR

Purpose:

To help parents with the development of their children under the promise that parents are the first and most influential educators of their children.

To involve parents directly in the educational development of their children.

To develop in low income families and families with special needs individual and group effectiveness toward improving the quality of life.

Responsible To:

County Supervisor, Head Start Director and Parents

Qualifications:

Experience in social services, adult education and/or early childhood education preferred.

High school diploma or G.E.D. (College degree not required). If no diploma or G.E.D. one needs to be completed within the program year.

Must be responsible, able to handle confidential material, able to organize effectively, and able to work independently.

Fluent in the language used by the families they are responsible for or provisions made by the program for an interpreter, if needed, for those families not fluent in the language of the visitor.

Must be able to listen and to communicate easily and honestly.

Must have interest in and concern for low income families and their children and their development.

Must be able to accept constructive criticism.

Must have access to reliable transportation.

Job Responsibilities:

Participate in all training designed for Home-Based staff.

Schedule required number of home visits per month.

Develop plans with each assigned family using assessments and identified needs, building on strength and interests. All components must be addressed.

Plan and carry out small and large group activities for assigned children and parents each month, including the transporting.

Meet each month with supervisor to plan and evaluate case load. Consult frequently with supervisor in an effort to better serve individual families.

Make referral to appropriate agencies and assist in transporting when all other resources fail.

Help families to arrange for medical and dental appointments when necessary.

Recruit families following established program procedures.

Serve as a model for families.

Maintain a First Aid Kit.

Request consumable supplies.

Keep appropriate records required by the program.

May need to attend a night meeting occasionally.

May need to schedule a home visit at night occasionally.

JOB DESCRIPTION

CLASSIFICATION HOME VISITOR

SALARY, BENEFITS, GRIEVANCE AND EVALUATION PROCEDURES FOUND IN GRANTEE'S PERSONNEL POLICIES AND PROCEDURES MANUAL

QUALIFICATIONS:

1. Minimum age 18
2. High School diploma or G.E.D.
3. Must have valid driver's license, insurance, working automobile with seat restraints for use on the job, willingness to drive Head Start vehicle.
4. Experience in working with adults and preschool children for at least 1 year, or a 2 year degree in related fields.

SKILLS/CHARACTERISTICS:

a. Adaptable
b. Non-judgemental
c. Resourceful
d. Energetic
e. Dependable
f. Communication
g. Friendly
h. Confident

PREFERENCES:

1. Low income
   Head Start Parent: (past or present)

REPORTS TO: Head Start Supervisor
WORKS CLOSELY WITH: Parents, County CAA, Other Head Start Staff, Agencies.

I. GENERAL:

a. Assists families in identifying family resources and needs.
b. Works with families and children on a scheduled one-to-one weekly basis in their homes for at least 60 minutes.
c. Maintains confidentiality of family records and information.
d. Encourages and promotes the family's achievement of self-sufficiency.
e. Is accompanied by the Home-Based Supervisor on Home Visits as well as resource staff when deemed necessary.
f. Participates in all appropriate training and meetings.
g. Encourages parents to attend parent meetings and transports when necessary.
h. Integrates all Head Start components during each home visit.
i. Maintains and periodically up-dates Family Profiles with each family throughout the program year.
j. Works with parents to develop weekly home visit and weekly activity plans based on each child's assessment and identified family need.
k. Responsible for providing monthly records for Home-Based Supervisor; time sheets, mileage records, Home Visit Plans, family service forms, flex-time sheets, petty cash expenditures, etc., and maintaining with parents designated records on an on-going basis; participant's cards, health forms, in-kind, volunteer sheets, volunteer mileage.

II. PARENT INVOLVEMENT:

a. Assists parents in developing and fostering healthy self-concepts for themselves and having begun this effort, will begin assisting parents in becoming the prime family educator(s).
b. Fosters the belief in parents that they are their child's best teachers and reinforces this concept with practical suggestions for its development.
c. Responsible for assisting and assuring accurate recording for all parent and Policy Committee meetings.
d. Provide guidance and leadership in the planning of and participation in parent meetings scheduled at least once per month.
e. Encourages families to keep an on-going file of weekly home visit plans.

III. SOCIAL SERVICE:

a. Recruits families following current recruiting procedures.
b. Makes referral and transports families when necessary to community services such as family planning, food stamp offices, employment security, health services, vocational rehabilitation, psychological services, etc.
c. Recruits volunteers from the community and guides their involvement.
d. Assists parents in fully utilizing all available community resources.
e. Acts as a liaison and advocate between community resources and Head Start families.

IV. EDUCATION:

a. Assists parents in developing ways of using household resources for use in educational activities with their children.
b. Provides children with a group socialization experience at least once a month, of 3 hour duration (min.)
c. Provides on-going assessment with parent of enrolled Head Start children with appropriate assessment tool.

V. HEALTH:

a. Assists families when necessary in the arrangement and transportation of medical and dental appointments as required by Head Start, including designated follow-ups.
b. Offers families health, information and educational experiences routinely.
c. Initiates one food preparation activity at least once each month during a home visit.
d. Conducts health checks on each home visit.

COMPETENCY GOAL I

To Establish and Maintain a Safe, Healthy, Learning Environment

HOME VISITOR PROGRAM FUNCTIONAL AREA ONE: *SAFE*

Candidate helps parents to provide a safe environment to prevent and reduce injuries.

Core Concept: One of the most basic services for children is to ensure their safety and well-being. Indoor and outdoor areas should be free of dangerous conditions and materials. Adults should have the skills and knowledge, and pay the attention necessary to prevent injuries and to handle emergencies, accidents, and injuries appropriately when they occur.

For example, the competent Candidate working with preschool children and their families:

- encourages parents to keep the home and yard safe for young children and to correct conditions that are unsafe.
- with the family, plans procedures for fires, natural disasters, or other emergencies, and practices these procedures with parents and children using diagrams, pictures, and, where appropriate, language understood by non-English-speaking families.
- encourages parents to keep tools and dangerous substances, such as medicine, cleaning products, matches, and alcohol, out of children's reach.
- encourages parents to practice kitchen safety rules, such as turning pot handles away from the edge of the stove or table, and always supervising children when the stove or other appliances are in use.
- alerts parents to the importance of using safe auto travel procedures and appropriate car seats and seat belts as restraints while children are traveling.
- encourages parents to involve children in making safety rules and to understand the reasons for using them.
- assists parents to determine and make the necessary modifications in their homes to ensure the safety of children with handicaps.
- encourages parents to post a list of emergency telephone numbers.
- encourages parents to maintain adequate first aid supplies and learn basic first aid procedures.

In addition, the competent Candidate working towards a *Bilingual Specialization*:

- communicates safety information in both languages.

Home Visitor Settings

This section includes the CDA Competency Standards, Eligibility Requirements, and Information Collection Requirements for Candidates working in *home visitor settings* with *preschool children* and in *bilingual* programs.

A Home Visitor setting for CDA assessment is defined as "an established program which uses home visits to families to work with children five years of age and younger and to support parents in meeting the needs of their young children where home visits are the primary method of program delivery and are made on a continuing basis throughout the program year."

Since 1973 Home-Based Head Start has been an option for Head Start programs throughout the country as an alternative to the center-based approach to providing comprehensive child development services. In Home-Based programs, home visitors work regularly with parents to enhance their parenting skills and thus help them reach their goals for themselves and their children. Working with parents in a home setting is at the heart of the home-based option.

The CDA Competency Standards and Credential Award System for home visitor settings were developed on the basis of the Home-Based Head Start model. It is understood that there may be a variety of ways in which a competent home visitor works to meet the needs of young children and their families.

HOME VISITOR PROGRAM
FUNCTIONAL AREA TWO: *HEALTHY*

Candidate promotes good health and nutrition and helps parents to provide an environment that contributes to the prevention of illness.

Core Concept: Children need an environment that is clean and properly lighted, ventilated, and heated. Indoor and outdoor areas should be free of materials or conditions that could endanger children's health. Good health involves sound medical and dental practices and good nutrition. Adults should model and encourage good health and nutrition habits with children. Prompt care should be given to children who are or become ill.

For example, the competent Candidate working with preschool children and their families:

- provides parents with information on preventive physical and mental health care, dental hygiene, and good nutrition, especially for young children.
- helps families to integrate health and nutrition information from their culture with medically accepted health and nutrition practices.
- assists families to establish links to a preventive health care system and to agencies that can help to meet nutritional needs.
- helps parents to recognize unusual emotional and physical behavior and conditions, and to obtain appropriate treatment.
- encourages parents to involve children in food preparation.
- encourages parents to help children learn which foods are good for them, which are not, and why.
- encourages parents to teach children self-care skills, such as washing hands before eating and after toileting, and brushing teeth.
- knows in detail about the health impairments and any special medical or nutritional needs which affect children in families served and assists parents to meet them.
- encourages the use of special equipment that enables children with handicaps to function independently.

HOME VISITOR PROGRAM
FUNCTIONAL AREA THREE: *LEARNING ENVIRONMENT*

Candidate helps parents to use space, materials, and routines as resources for constructing an interesting and enjoyable environment that encourages exploration and learning.

Core Concept: Children learn through their own experience, trial and error, and imitation. Adults can guide and encourage children's learning by ensuring that the environment invites active exploration and movement by children and supports a broad array of experience. A reliable framework of routines together with stimulating experiences facilitate children's learning.

For example, the competent Candidate working with preschool children and their families:

- helps parents to select and use materials and equipment that are interesting, stimulating, non-sexist, and appropriate to the emotional, physical, social, and cognitive needs of their children and to their individual learning styles.
- demonstrates acceptance of each family's background, family structure, race, and culture through the materials and activities used during visits.
- helps parents to use daily household routines and activities as learning opportunities for their children.
- encourages parents to alert children to a change in activities well in advance to give them time to prepare themselves.
- encourages parents to expand their children's learning environment to include the community: for example, trips to local shops, the post office, and community events.
- helps parents to make toys and equipment for children from free or inexpensive, easily available materials, and to use their homes as learning environments for their children.
- encourages parents to establish routines that are simple and consistent for such things as cleaning up, preparing to go outside, eating, and napping.
- helps parents to provide materials that encourage children to explore a variety of roles through dramatic play.
- supports parents in using materials from their own culture such as music, dress, and food in learning experiences for their children.
- helps parents to modify the home and provide special equipment and materials to allow children with handicaps to move freely when possible; easily use toys, materials, and equipment; and have opportunities to see ongoing activities.

In addition, the competent Candidate working towards a *Bilingual Specialization*:

- encourages parents to use everyday activities and objects in the home to encourage development of both languages.
- identifies resources within the family and the community to provide opportunities in the second language.

COMPETENCY GOAL II

To Advance Physical and Intellectual Competence

HOME VISITOR PROGRAM
FUNCTIONAL AREA FOUR: ***PHYSICAL***

Candidate helps parents to provide a variety of equipment, activities, and opportunities to promote the physical development of children.

Core Concept: Physical development is an essential part of the total development of children. Developing physically includes using large and small muscles, coordinating movements, and using the senses. Adults should provide the materials, equipment, and opportunities for indoor and outdoor activities which encourage this development.

For example, the competent Candidate working with preschool children and their families:

- helps parents to develop realistic expectations for their children based on understanding how children develop physically.
- helps parents to provide for active play space and encourages periods of active play in the home and/or outdoors each day.
- helps parents to acquaint their children with a variety of activities from the family's culture such as dances, music, and active games.
- assists parents in recognizing and using opportunities for children to develop all their senses by noticing colors, smelling odors, distinguishing sounds, feeling and touching a variety of objects, and tasting different foods.
- helps parents to recognize signs of physical handicaps and developmental delays in their children and to find assistance as early as possible.
- helps parents provide opportunities for children to develop small muscles by demonstrating activities such as tracing, tearing and cutting paper, cooking, painting, drawing, buttoning and zipping, and using puzzles, tools, and other manipulative toys.
- helps parents provide opportunities and space for climbing, hopping, running, throwing, and catching to help children develop their large muscles.
- encourages parents to be aware of their attitude and feelings and avoid overprotecting children with handicaps, to support their independence, and to include them in physical activities with other children, making modifications only when necessary.
- encourages parents to provide activities which build on the strengths of each child and to help each child recognize his or her accomplishments.

HOME VISITOR PROGRAM
FUNCTIONAL AREA SIX: *COMMUNICATION*

Candidate encourages parents to provide opportunities for children to understand, acquire, and use verbal and nonverbal means of communicating thoughts and feelings.

Core Concept: Communication between people can take many forms, such as spoken words or sounds, gestures, eye movements, body movements, and touch. Children need to understand and use verbal and nonverbal means of communicating thoughts, feelings, and ideas. Adults can help children develop their communication skills by providing opportunities for children to listen, interact, and express themselves freely with other children and adults.

For example, the competent Candidate working with preschool children and their families:

- provides information on the language development of young children and helps parents develop realistic expectations for their children's understanding and use of speech and language.
- talks often with children and encourages and builds on parents' natural conversations and interactions with their children.
- encourages parents to establish open communication by often talking with and listening to their children and helping them express themselves in whatever modes are available to them.
- encourages parents to use songs, games, and stories from their culture for language development.
- respects the first language of non-English-speaking families, encourages them to learn English, and provides opportunities for both languages to be used whenever possible.
- encourages parents to talk with their children about experiences that are special to their culture, home, or personal lives.
- encourages parents to show children the relationship between spoken and printed words by recording children's dictated stories or letters to grandparents (or other family members).

In addition, the competent Candidate working towards a *Bilingual Specialization*:

- assesses each child's language abilities and promotes bilingual language development
- helps parents understand the importance of acquiring mastery in the first language and their role in providing their children the experiences to meet this goal.
- encourages family members who are more fluent in either language to model for and help less fluent family members.

HOME VISITOR PROGRAM
FUNCTIONAL AREA SEVEN: *CREATIVE*

Candidate helps parents provide experiences that stimulate children to explore and express their creative abilities.

Core Concept: All children are imaginative and have creative potential. They need opportunities to develop and express these capacities. Adults should encourage and support the development of children's creative impulses through a wide variety of activities and materials that encourage spontaneous expression and representation and that expand and extend children's imagination.

For example, the competent Candidate working with preschool children and their families:

- helps parents understand the importance of creative expression in children's development, and assists parents to establish environments that allow and encourage children to explore, to experiment, to play make-believe, and to express their own ideas in personally meaningful ways.
- recognizes and helps parents understand that the process of creating is as important as the product.
- encourages parents to accept and praise children's creative expressions and ideas and to display their work respectfully.
- encourages parents to include children in music, dance, celebrations, and other expressive cultural activities.
- encourages and reinforces new ideas and creative expression from parents.
- helps parents to plan creative activities so that children with handicaps can participate easily and enjoy themselves.
- models and participates in "messy" activities with children, such as water play, sand play, finger painting, and cooking.

In addition, the competent Candidate working towards a *Bilingual Specialization*:

- encourages parents to help children develop creative abilities through activities and discussion in the first language and in the second whenever possible.
- encourages the recognition, identification, and representation of symbols found in the art, music, and dance of the families' cultures (e.g., sand painting, turtles, coquis, etc.)

COMPETENCY GOAL III

To Support Social and Emotional Development and Provide Positive Guidance and Discipline

HOME VISITOR PROGRAM
FUNCTIONAL AREA EIGHT: *SELF*

Candidate assists parents to help each child to know, accept, and take pride in himself or herself, and to develop a sense of independence.

Core Concept: All children need to develop self-knowledge, self-understanding, and self-esteem. Knowing one's self includes knowing about one's body, feelings, and abilities. It also means feeling pride and security about one's self as a person and identifying one's self as a member of a family group and of a cultural and ethnic community with a past, present, and future. Accepting and taking pride in one's self comes from experiencing success and being accepted by others. Self-esteem develops as children master new abilities, experience success as well as failure, and realize their own effectiveness in handling increasingly challenging demands.

For example, the competent Candidate working with preschool children and their families:

- assists parents to know, accept, and appreciate each of their family members as individuals.
- demonstrates sensitivity to differing cultural values and expectations concerning independence, autonomy, and expression of feelings.
- helps parents to encourage their children to practice self-help skills when eating, getting dressed, using toys and equipment, and cleaning up.
- encourages parents to delight in their children's success, express kindness and support when a child is having trouble, and help children learn from mistakes.
- models the recognition and expression of feelings by identifying and describing his or her own.
- assists parents to help their children become aware of, accept, and have realistic and positive feelings about themselves and their abilities.
- encourages parents to praise children for individual accomplishments, not to dwell on failures.
- encourages parents to use books, pictures, stories, and discussion to help children identify positively with the events and experiences of their lives: for example, single parents, families, extended families, divorce, moving, birth of new siblings, and their ethnic backgrounds and histories.
- encourages parents and others to accept children's handicaps, for example, by thoughtfully answering questions about them when children or adults ask.

In addition, the competent Candidate working towards a *Bilingual Specialization*:

- helps children and parents feel positive about themselves as speakers of each language.

HOME VISITOR PROGRAM FUNCTIONAL AREA NINE: *SOCIAL*

Candidate assists parents to help children learn to get along with others and to encourage feelings of empathy and mutual respect among children and adults.

Core Concept: Children need to develop social skills that help them work and play cooperatively and productively with other children and adults. To do this, children need to feel secure themselves and have experiences which help them understand and value other people. Such understanding and respect come in part from activities that encourage sharing of experiences and responsibilities. They also come from learning about different individual and group values in a positive way.

For example, the competent Candidate working with preschool children and their families:

- helps parents deal with typical issues of social development, such as separation anxiety, aggressive behavior, shyness, gender identity, and making friends.
- serves as a model by building a positive relationship with each family member as an individual.
- assists parents to provide an environment in which children and adults can work and play both cooperatively and independently.
- helps parents to encourage their children to express their feelings and assert their rights in socially acceptable ways.
- helps parents to encourage siblings to ask for, accept, and give help to one another and respect each other.
- helps parents to encourage their children to make friends across racial, language, ethnic, age, and gender groupings as well as with children with handicaps.
- encourages parents to help children to recognize their own and others' feelings, similarities, and differences, and to empathize with others.
- assists parents to help their children find their place in the family based on their abilities rather than their difficulties or handicaps and to recognize that their abilities will change.

In addition, the competent Candidate working towards a *Bilingual Specialization*:

- recognizes that each language is associated with a distinct social system, and specific roles and expectations, and helps the child to behave appropriately in each.

HOME VISITOR PROGRAM
FUNCTIONAL AREA TEN: ***GUIDANCE AND DISCIPLINE***

Candidate helps parents to provide an environment in which children can learn and practice behaviors which are appropriate and acceptable individually and in a group.

Core Concept: Knowing what behavior is appropriate or acceptable in a situation is an important skill. Children develop this understanding by experiencing situations in which limits and realistic expectations are consistent and clearly and positively defined. Understanding and following simple rules can help children develop self-control. Children feel more secure when they know what is expected of them, and when those expectations are realistic and take into account each child's individual needs.

For example, the competent Candidate working with preschool children and their families:

- acquaints parents with a variety of positive guidance methods, such as reinforcement and redirection, and demonstrates the use of each of these methods with children.
- respects each family's childrearing practices and assists parents to establish simple, reasonable, and consistent guidelines for children's behavior.
- helps parents learn to anticipate confrontations between children, and to defuse provocative behavior.
- helps parents to address the problem behavior rather than labeling the child.
- demonstrates ways parents can help children accept their sad or angry feelings and provide acceptable outlets for children to discharge them.
- observes the strategies used by the family to guide children and helps parents identify those that are effective.
- helps parents to involve children in establishing guidelines and setting limits.
- encourages parents to help children learn to talk about their difficulties and conflicts, and to try to resolve them verbally.
- helps parents to use guidance and discipline techniques for handicapped children consistent with those prescribed as part of the treatment plan.
- helps parents to explain any differences in expectations for a child to other children in the family in terms that they can understand and accept.

COMPETENCY GOAL IV

To Establish Positive and Productive Relationships with Families

HOME VISITOR PROGRAM
FUNCTIONAL AREA ELEVEN: ***FAMILIES***

Candidate maintains an open, friendly, and informative relationship with each child's family and encourages its involvement in the program.

Core Concept: Children live and grow in families that take many forms. Each family has primary responsibility for its own children. A family may share this responsibility for its children with others. The family and the caregiver become partners who communicate freely and openly for the mutual benefit of the children, the family, and the child care provider.

For example, the competent Candidate working with preschool children and their families:

- recognizes that children's primary caregivers may be both parents, single mothers or fathers, stepparents, grandparents, uncles, aunts, sisters, brothers, foster parents, or others, and that each may act as a parent.
- recognizes and respects the culture, social background, and childrearing and religious beliefs and practices of each family.
- provides opportunities for parents and other family members to take a lead role and share their skills and talents during visits.
- encourages parents to assume increasing responsibility for teaching their children, especially by using everyday living activities as positive learning experiences.
- builds the parents' self-esteem by identifying and praising effective parenting behavior.
- knows the social expectations within the family and uses them in working with the family as appropriate, e.g., expressions of respect, terms of endearment.
- promotes activities to foster personal growth of adults, such as workshops, community education programs, adult basic education, and career development.
- works with parents of children with handicaps to develop the Individual Education Plan (IEP) and to make subsequent placement decisions.

In addition, the competent Candidate working towards a *Bilingual Specialization*:

- communicates both verbally and in writing with parents and children in their preferred language.
- knows parents' views on such issues as the use of first and second languages within the program and incorporates their views into program planning.

COMPETENCY GOAL V

To Ensure a Well-Run, Purposeful Program Responsive to Participant Needs

HOME VISITOR PROGRAM
FUNCTIONAL AREA TWELVE: ***PROGRAM MANAGEMENT***

Candidate is a manager who uses all available resources to ensure an effective operation. The Candidate is a competent organizer, planner, and record keeper.

Core Concept: Running an effective operation, whether it is an infant-toddler room, preschool group, family day care facility, or home-visiting caseload, requires a systematic approach. A systematic approach means that the Candidate can determine the needs of his or her operation, families, or children; can make plans based on those needs; and can keep accurate records of the needs, plans, and practices. This systematic approach should be applied to everything from keeping records of attendance, fees, health status or home visits to planning ways of meeting the needs of children and their families.

For example, the competent Candidate working with preschool children and their families:

- works jointly with the family to identify the strengths and needs of each parent and child.
- develops and uses observation skills and evaluation instruments, and records relevant information about children and their families in a nonjudgmental manner.
- maintains up-to-date records and reports concerning the growth, behavior, and progress of each child and family and shares these with parents.
- identifies culturally appropriate activities and materials to implement plans for working with families.
- encourages parents to assume an active role by gradually increasing their responsibilities in the assessment, planning, and implementation process.
- follows up on any referrals made, cooperates with specialists who provide services to children, and works with the family to meet goals for the child and family.
- schedules home visits with attention to family routines.
- handles problems of suspected abuse and neglect promptly, responsibly, and according to program policy and state law.
- recognizes the needs of children and families who speak a different language and live in a different cultural context and makes plans to meet their needs.

In addition, the competent Candidate working towards a *Bilingual Specialization*:

- makes use of available evaluation instruments for the non-English language.

COMPETENCY GOAL VI

To Maintain a Commitment to Professionalism

HOME VISITOR PROGRAM
FUNCTIONAL AREA THIRTEEN: ***PROFESSIONALISM***

Candidate seeks out and takes advantage of opportunities to improve his or her competence, both for professional growth and for the benefit of children and families.

Core Concept: No matter how competent a person is, there is always room for improvement. To become more competent, one must continuously evaluate one's own work in an objective way. The professional person should continue to set new goals and seek out and take advantage of experiences that will help him or her to grow.

For example, the competent Candidate working with preschool children and their families:

- enjoys working in a home visitor program and demonstrates a positive attitude in her/his role.
- understands the philosophy of the program and can describe its goals and objectives to others.
- keeps all personal information about families confidential.
- participates in peer evaluation and is able to accept comments and criticism from colleagues, supervisors, and parents in a constructive way.
- takes advantage of opportunities for professional and personal development by attending staff meetings, inservice training, courses, and conferences and by joining appropriate professional organizations.
- learns all she/he can about the culture(s) of the families she/he visits.
- keeps informed about new developments and issues in the early childhood education profession, adult education, and legislation that affects programs for children and their families.
- learns more about the specific handicaps of children in care by reading, attending relevant workshops, and talking to people with specific knowledge about these handicaps.

In addition, the competent Candidate working towards a *Bilingual Specialization*:

- demonstrates ability to understand, speak, read, and communicate in both languages and uses these to perform all aspects of her/his role.
- increases knowledge about bilingual education by reading, attending relevant workshops, and talking to people with specific knowledge.
- maintains and works to increase fluency in her/his non-dominant language.

HOME VISITOR SETTING

Team Member Eligibility and Information Collection Requirements

The four team members in a CDA assessment must meet certain eligibility and information collection requirements. The following section contains these requirements for Candidates, Advisors, Parent/Community Representatives, and CDA Representatives when the Candidate is being assessed in a home visitor setting, working with preschool children and their families and when the Candidate is working towards a Bilingual Specialization.

Candidate

ELIGIBILITY REQUIREMENTS

HOME VISITOR SETTING

The Candidate must:

1. Be 18 years or older.
2. (a) Identify an established program which uses home visits to families to work with children five years of age and younger and to support parents in meeting the needs of their young children where home visits are the primary method of program delivery and are made on a continuing basis throughout the program year.
   (b) Be able to be observed conducting home visits with a minimum of four families in the program where the focal child is between three and five years old.
   (c) Demonstrate that at least four families conforming to category b above will grant permission for observations to occur in their home during a home visit. Prior to giving approval, parents must be informed about the CDA Assessment process and the role they will play. This includes the number of observation visits they should expect from LAT members. The director of the program or person with authority will sign on the application giving permission for the observations to occur.
   (d) Sign a statement of professional conduct and ethical behavior.
3. Have had either some formal training (for example, in university, college, junior college, vocational school, or high school) or some informal training (for example, workshops, seminars, or inservice training) in Early Childhood Education or Child Development. The Candidate must have had at least three training experiences in total. Each workshop or course equals one training experience.

   The distribution of the three training experiences must include a minimum of two Early Childhood Education or Child Development Training experiences. The third training experience can be in Early Childhood Education or Child Development or an experience from one of the following areas: adult education; human development; parent education; family counseling; family studies; nutrition.
4. Have had within the last five years at least 480 contact hours of experience with families in a home visitor program as described in 2a above. The Candidate must have worked with a minimum of four families on a continuous basis where the focal child was five years old or younger.
5. Be able to speak, read, and write well enough to understand and be understood by both children and adults.

Additional Candidate requirements for the *Bilingual Specialization* are:

6. Speak, read, and write well enough in both English and Spanish to understand and be understood by both children and adults.
7. Be assessed in a home visitor program that fosters bilingual development and in which both languages and cultures are consistently used for all aspects of the program.

Candidate

INFORMATION COLLECTION REQUIREMENTS

HOME VISITOR SETTING

The Candidate must develop a Portfolio which must:

1. (a) Contain a brief autobiographical sketch, between 150 and 300 words.
   (b) Contain a program description which includes goals and philosophy of the program and a description of the families, including ages of children and sizes of families, special needs, languages spoken in the home and community, and the cultures of the families.
   (c) Include one section for each of the 13 Functional Areas.
   (d) Have at least three written entries in each Functional Area. Each entry must explain in writing: 1) how it relates to the Candidate being competent in that particular Functional Area; and 2) how it relates to the developmental level of the children being served.

The Candidate for the *Bilingual Specialization* must:

2. (a) Write the Portfolio in both English and Spanish. At least 25 percent but not more than 50 percent of the Portfolio must be written in the Candidate's non-dominant language.
   (b) Write at least two of the critical Bilingual/Bicultural Functional Areas in the Candidate's non-dominant language.
   (c) Explain in at least one entry/critical area how linguistic and cultural factors are taken into account in the Candidate's work.
   (d) Include in the program description the program goals for achieving bilinguality in the children and fostering understanding of bilingual development in the families. The description of the families must describe the language(s) used by families and the focal children.
3. The Candidate must *update* the Portfolio when there has been a significant change in the Candidate's assessment situation since the Portfolio was completed. These changes include:
   - more than 50 percent of the families have changed;
   - the Candidate has changed programs;
   - the program philosophy has changed; and/or
   - more than three months have passed since the Portfolio was completed.

   To *update*, the Candidate must make at least one additional entry in every Functional Area that has been affected by the change in the Candidate's assessment situation. Functional Areas not affected by the change must contain a statement explaining why they did not change. Describe the change in the program description and add new information as necessary.
4. The Candidate must obtain permission for observation in homes.

   Before any observer accompanies the Home Visitor on a visit, the Candidate will inform the family about the observer and the purpose of the observation (i.e., to observe the Candidate at work, not to judge the family). The parent/family must grant the observer permission to observe in the home. The parent will sign a consent form which will be part of each team member's observation form each time any observation is made. This includes the observations made by the Advisor, the Parent/Community Representative, and the CDA Representative. No family will be allowed to be observed more than twice by any individual team member. No family will be observed more than three times all together.

Advisor

ELIGIBILITY REQUIREMENTS

HOME VISITOR SETTING

The Advisor must:

1. Meet Education and Experience Requirements in one of the four ways described in a, b, c, or d.
   (a) *Education*: A degree in Early Childhood Education/Child Development from an accredited college or university.
   Experience: At least two years of experience in a Home Visitor Program working directly with parents and their children or responsible for the professional development of a Home Visitor.
   If the Advisor has been responsible for the professional growth of a Home Visitor, but has not worked as a home visitor her/himself, to qualify as an Advisor she/he must have had one year of experience working directly with a group of children five years of age or younger as their primary caregiver.**
   (b) *Education*: A minimum of 15 semester hours in either Early Childhood Education or Child Development from an accredited institution.
   Experience: Four years of experience as described in the (**) statement above with the requirement that two of the years must have included responsibility for the professional growth of another home visitor.
   (c) *Education*: A CDA Credential.
   Experience: Three years of experience in a Home Visitor Program or a child care setting**: one year working directly with children five years of age or younger and two years in a supervisory position responsible for the professional growth of another adult.
   A minimum of one year of the above experience must be in a Home Visitor Program.
   (d) Professionals in fields such as home economics, family counseling, etc., can serve as Advisors if they have the following combination of experience and academic preparation:
   Education: A minimum of 12 semester hours in Early Childhood Education or Child Development from an accredited institution.
   Experience: One year of work directly with children five years of age or younger and two years of supervision of adults who work directly with children. At least one of these years must have been in a Home Visitor Program.
2. Be familiar with local requirements and standards for home visitor programs serving children five years of age and younger.
3. Be familiar with the home visitor program where the Candidate will be observed, as well as the needs of the community and its children.
4. Not be serving the same families in the same capacity as the Candidate on an ongoing basis.
5. Be able to read, speak, and write well enough to understand and be understood by both children and adults.
6. Work with the Candidate for a minimum of 12 weeks.
7. Not be a parent of a child in the Candidate's group.
8. Not be related by blood or marriage to the Candidate.
9. Not serve on the LAT of a Candidate who served on an LAT when the Advisor was a Candidate. (No two persons can serve on each other's LAT.)

In addition, Advisors for Candidates for the *Bilingual Specialization* must:

10. Be able to read, speak, and write English and Spanish well enough to understand and be understood by both children and adults.

Advisor

INFORMATION COLLECTION REQUIREMENTS

HOME VISITOR SETTING

The Advisor must:

1. Observe the Candidate conduct a minimum of four separate home visits in at least three different homes. The Advisor should make as many additional observations as necessary to complete the Advisor Report. The following requirements must be met in making these observations:
   - No home may be visited for observation more than twice.
   - The Advisor's Report must contain three separately dated observations in each Functional Area.
   - There should be at least three weeks between the dates of the three observations in each Functional Area.
2. Complete the Advisor Report Form which describes the Advisor's observations of the Candidate's performance. These reports should include changes in performance over time and at least one recommendation for further development in each Functional Area.
3. Work with the Candidate for a minimum of 12 weeks.

In addition, Advisors for Candidates for the *Bilingual Specialization* must:

4. (a) Observe the Candidate working with families in Spanish and in English if possible.
   (b) Observe and record specific examples of the Home Visitor working with families promoting the understanding of bilingual development in children.
5. *Update* the Advisor Report when there has been a significant change in the Candidate's assessment situation since the Advisor Report Form was completed. These changes include:
   - more than 50 percent of the caseload has changed;
   - the Candidate has changed programs;
   - the program philosophy has changed; and/or
   - more than three months have passed since the Advisor Report Form was completed.

   If all observations in a Functional Area were completed more than three months prior to the date the Advisor signs the Readiness Form, the Advisor must update the observation report for those Functional Areas.

   To *update*, the Advisor must make another observation of the Candidate working with children and their families on a Home Visit. Every Functional Area completed before the change must contain either additional observations or a statement indicating that no change was observed.

Parent/Community Representative

ELIGIBILITY REQUIREMENTS

HOME VISITOR SETTING

The Parent/Community Representative must:

1. Be (or within the last three years have been) a parent or legal guardian of a child five years old or younger.
2. Have been involved as a parent or volunteer within the last two years with a Home Visitor program.
3. Not be presently employed by the program or agency where the Candidate will be observed.
4. Not be presently receiving home visits from the Candidate.
5. Be willing to collect information from the parents receiving home visits from the Candidate.
6. Be willing to serve as a spokesperson for the parents and the community.
7. Be able to read, speak, and write well enough to understand and be understood by both children and adults.
8. Not be related by blood or marriage to the Candidate.
9. Not serve on the LAT of a Candidate who served on an LAT when the Parent/Community Representative was a Candidate. (No two persons can serve on each other's LAT.)

In addition, the Parent/Community Representative for Candidates for the *Bilingual Specialization* must:

10. Be able to read, speak, and write English and Spanish well enough to understand and be understood by both children and adults.

CDA Representative

ELIGIBILITY REQUIREMENTS

HOME VISITOR SETTING

The CDA Representative must have the following combination of experience and education:

1. *Experience*: At least three years' experience in a child development setting for children five years of age and younger.
   (a) One year must have been in a position directly responsible for children.
   (b) Two years must have been in a position with responsibility for the professional growth of a caregiver in a child development setting.
   (c) At least one of these years (a or b) must have been in a Home Visitor Program.

   Exceptions to the above three requirements will be considered if applicants can demonstrate equivalent knowledge and expertise in the three requirement areas, i.e., child care, supervision, and Home Visitor programs.

2. *Education*: At least 30 semester hours of undergraduate study or 24 semester hours of graduate study in Early Childhood Education or Child Development at an accredited college or university; or

   A CDA Credential and 15 semester hours of undergraduate or 12 semester hours of graduate study in Early Childhood Education or Child Development from an accredited college or university.

Additional requirements for becoming a *Bilingual* CDA Rep are:

3. Ability to speak, read, and write Spanish and English well enough to understand and be understood by both children and adults.

Parent/Community Representative

INFORMATION COLLECTION REQUIREMENTS

HOME VISITOR SETTING

The Parent/Community Representative must:

1. Distribute one questionnaire per family to all the parents currently receiving home visits from the Candidate and help them fill out the questionnaires if necessary.
2. Collect questionnaires from the parents and summarize them for the LAT on the Summary of Parent Opinions Form. Account for all questionnaires which are not returned.
3. Observe the Candidate while she/he conducts at least two home visits with children and parents in at least two different homes.
4. Record her/his observations of the Candidate on the Parent/Community Representative's Observation Form.

In addition, the Parent/Community Representative for Candidates for the *Bilingual Specialization* must:

5. Observe the Candidate working with families in Spanish and English if possible; observe and record specific examples of the Home Visitor working with families promoting the understanding of bilingual development in children.
6. Update the P/C Rep Observation Form when there has been a significant change in the Candidate's assessment situation since the report was completed. These changes include:
   - more than 50 percent of the families are different;
   - the Candidate has changed programs;
   - the program philosophy has changed;
   - more than three months have passed since the P/C Rep Observation Form was completed.

   If the observations in a Functional Area were completed more than three months prior to the date the P/C Rep signed the Readiness Notification Form, the P/C Rep must update the Observation Form in the Functional Area.

   To update, the P/C Rep must make another observation of the Candidate working with children and their parents. Every Functional Area section on the Observation Form must contain either additional written observations or a statement indicating that no change was observed.
7. Update the Parent Questionnaires by providing new questionnaires to the parents of the children in the Candidate's caseload when the Candidate has changed programs, and/or the Parent Questionnaires were collected more than 18 months prior to the submission of the Readiness Notification Form. At least some of the collected questionnaires must be from parents of children in the current program. All questionnaires must be accounted for.

CDA Representative

INFORMATION COLLECTION REQUIREMENTS

HOME VISITOR SETTING

The CDA Representative must:

1. Observe the Candidate conduct a home visit to two separate families where the focal children are five years of age or younger.
2. Interview the Candidate to clarify any aspect of the observation not understood by the CDA Representative and to learn more about the Candidate's work with families.
   The interview must include at least two questions in each Functional Area. One question must be specific to the assessment situation.

In addition, for Candidates for the *Bilingual Specialization*, the CDA Representative must:

3. Observe the Candidate working with families in Spanish and in English if possible; the Representative must observe and record specific examples of how the Home Visitor works with families to promote the understanding of bilingual development in children, and must conduct the interview in both English and Spanish.

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